MTA Course Substitution Request



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| **Section I: Student** |
| **Please complete and submit this request to LCC Academic Affairs Office, Administration Building, Room 201, 610 N. Capitol Avenue, Lansing, MI 48933, or via email to** **LCC-Academic-Affairs@lcc.edu**. |
| Name: |  | LCC email: | @mail.lcc.edu |
| Student Number: |  | Phone Number: |  |
| Street Address: |  |
| City: |  | State: |  | Zip: |  |
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| Would you prefer to receive a decisionnotification via: | * U.S. mail
 | * LCC email
 |
| *If via email, please be sure the email address above is your correct LCC email.* |
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| Is this request being submitted for the purpose of having “MTA Satisfied” indicated on your transcript?* Yes ☐ No
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| Program/Major Name: |  |
| Program/Major Code: |  | Year of Curriculum Guide: |  |
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| I am requesting that thefollowing course(s): |  |
| Taken at this institution (ifother than LCC): |  |
| Fulfill the MTA requirement in the following areas (check which ): |
| ☐ | English Composition |
| ☐ | English Composition (second course) or Communications |
| ☐ | Humanities and Fine Arts |
| ☐ | Mathematics |
| ☐ | Natural Sciences |
| ☐ | Social Science |
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| I am requesting this substitution for the following reason(s): |
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| Attach pertinent evidence/documents (e.g., course description or syllabus) supporting this request. |
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| Student Signature: |  | Date: |  |

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| **Section II: Academic Affairs** |
| Provost or Designee Printed Name: |  |
|  | * Approve
 |
|  | * Do Not Approve
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| Provide reason for approval/denial of this course substitution: |
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| Signature of the Provost or Designee: |  | Date: |
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| Final decision notifications sent by the Academic Affairs Office to: |
|  | * Student
 |
|  | * Advisor
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|  | * Registrar
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| Revised: 2022.01.25 |