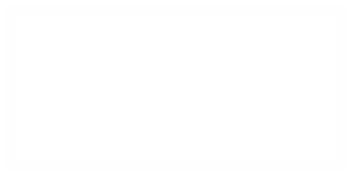
MTA Course Substitution Request



|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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**.](mailto:LCC-Academic-Affairs@lcc.edu) | | | | | | | | |
| Name: |  | | | LCC email: | @mail.lcc.edu | | | |
| Student Number: |  | | | Phone Number: |  | | | |
| Street Address: |  | | | | | | | |
| City: |  | State: | |  | Zip: | | |  |
|  | | | | | | | | |
| Would you prefer to receive a decision  notification via: | | | | * U.S. mail | | * LCC email | | |
| *If via email, please be sure the email address above is your correct LCC email.* | | | | | | | | |
|  | | | | | | | | |
| Is this request being submitted for the purpose of having “MTA Satisfied” indicated on your transcript?   * Yes ☐ No | | | | | | | | |
|  | | | | | | | | |
| Program/Major Name: | |  | | | | | | |
| Program/Major Code: | |  | Year of Curriculum Guide: | | | |  | |
|  | | | | | | | | |
| I am requesting that the  following course(s): | |  | | | | | | |
| Taken at this institution (if  other 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 | | | | | | | |
|  | | | | | | | | |
| 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. | | | | | | | | |
|  | | | | | | | | |
| Student Signature: | |  | | | Date: | | |  |

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