



MTA Course Substitution Request

Section I: Student				
Please complete and submit this request to the Divisional Office responsible for your program: <u>Arts & Sciences</u>, <u>Health & Human Services</u>, or <u>Technical Careers</u>. If pursuing a Transfer Studies degree or certificate, submit directly 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:		
Would you prefer to receive a decision notification via: <input type="checkbox"/> U.S. mail <input type="checkbox"/> LCC email				
<i>If via email, please be sure the email address above is your correct LCC email.</i>				
Is this request being submitted for the purpose of having "MTA Satisfied" indicated on your transcript? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Program/Major Name:				
Program/Major Code:	Year of Curriculum Guide:			
I am requesting that the following course:				
Taken at this institution (if other than LCC):				
Fulfills the MTA requirements in the following area (check one):				
<input type="checkbox"/>	English Composition			
<input type="checkbox"/>	English Composition (second course) or Communications			
<input type="checkbox"/>	Humanities and Fine Arts			
<input type="checkbox"/>	Mathematics			
<input type="checkbox"/>	Natural Sciences			
<input type="checkbox"/>	Social Science			
I am requesting this substitution for the following reason(s):				
Attach pertinent evidence/documents (e.g., course description or syllabus) supporting this request.				
Student Signature:			Date:	

Section II: Division			
<i>Required for all associate degrees other than a Transfer Studies degree or certificate.</i>			
Division Dean Printed Name:		Division:	
	<i>(Division Dean signature not needed for General Associate Degree)</i>		
	<input type="checkbox"/> Approve		
	<input type="checkbox"/> Do Not Approve		
Provide reason for approval/denial of this course substitution:			
Division Dean Signature:		Date:	
<i>Division Dean forwards this form to the Academic Affairs Office for review/approval.</i>			
Section III: Academic Affairs			
Associate VP for Academic Affairs or Designee Printed Name:			
	<input type="checkbox"/> Approve		
	<input type="checkbox"/> Do Not Approve		
Provide reason for approval/denial of this course substitution:			
Signature of the Assoc. VP of Academic Affairs or Designee:		Date:	
Final decision notifications sent by the Academic Affairs Office to:			
	<input type="checkbox"/> Student		
	<input type="checkbox"/> Division Dean <i>(If General Associate Degree, not applicable)</i>		
	<input type="checkbox"/> Registrar		
Revised: 11/27/18			