General Education – Applied Degrees Course Substitution Request



|  |
| --- |
| **Section I: Student** |
| **Please complete and submit this request 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: |  | PhoneNumber: |  |
| 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.* |
|  |
| 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 General Education – Applied Degrees requirement in the following area(s) (check which): |
| ☐ | English Composition or Applied English |
| ☐ | English Composition (second course)/Communications or Applied Communications |
| ☐ | Humanities and Fine Arts or Social Sciences or Applied Social Sciences |
| ☐ | Mathematics or Applied Mathematics |
| ☐ | Natural Sciences or Applied Sciences and Technology Lab |
|  |
| I am requesting this substitution for the following reason(s): |
|  |
|  |
|  |
|  |
|  |
|  |
| Attach pertinent evidence/documents supporting this request. |
|  |
| Student Signature: |  | Date: |  |

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