Course Management System (CMS) Guest Access Form

- **Demonstration Access:** Demonstration access is given at the request of faculty members who wish to share their courses with non-LCC affiliated persons for professional development purposes. This access is view only and time limited.

- **Accreditation Agencies:** Courses that need to add non-LCC users to their course for accreditation purposes. This access is view only and time limited.

- **External Researchers:** External researchers are defined as academics, including graduate students, who would like to access the CMS as part of their thesis, dissertation, or other publication standard research. Access to the CMS can only be granted in cooperation with a member of the faculty of Lansing Community College. Requests absent the signature of a cooperating faculty member and the Associate Dean of the department will not be processed.

*** The Center for Data Science cannot endorse any request for access by an external researcher, absent appropriate Institutional Review Board documentation from the requestor’s home institution. Acceptable documentation includes forms marked “EXEMPT.” Individuals conducting research outside of the academy must contact the Center for Data Science for further information before their request can be processed.

Director of the Center for Data Science Signature: ____________________________________________________________

By completing this form you acknowledge through your signature below:

1. I understand that I am not an employee of LCC and that I am not covered by LCC’s insurance (Workers’ Compensation, general liability, automobile, Errors and Omissions).

2. I understand that I may obtain access to or knowledge of information of a confidential or sensitive nature. I agree not to directly or indirectly disclose or use any such information for any purpose without the prior written consent of LCC, and realize that I am bound by FERPA regulation.

Printed name:__________________________________________________________________________________________

Signature: ____________________________ Date: __________________________

Course Code: __________ CRN:__________ Semester (i.e., Fall 2013): __________ Dates of Access (MM/DD/YY): ______________

Reason for Request (Please attach additional documentation if necessary):
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________

Name of Home Institution: _____________________________________________________________________________________

Printed Name: ___________________________________ Signature: __________________________ Date: __________________________

LCC Faculty Member: __________________________ Signature: __________________________ Date: __________________________

Associate Dean Signature: __________________________ Date: __________________________

After securing all signatures, please forward all documentation to the Director of eLearning at:
9000 – eLearning
PO Box 40010
Lansing, MI 48901-7210
Fax: (517) 483-9890