



MTA Course Substitution Request

Section I: Student				
Please complete and submit this request to the Divisional Office responsible for your program: Arts & Sciences, Health & Human Services, or Technical Careers. If pursuing the General Associate Degree, 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 the General Associate Degree.</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: 5/18/18			