



REQUEST FOR
 COURSE SUBSTITUTION
 TRANSFER OF GENERAL CREDIT
FOR THE INSTITUTIONAL CORE REQUIREMENTS FOR AN ASSOCIATE DEGREE

SECTION I: STUDENT

Please fill out and return your signed request to the Department Chair overseeing your Program of Study.

Student Name: _____ Student Number: _____

Address: _____

Home Phone: _____ Email: _____

Cell Phone: _____

(Please check the appropriate box to indicate your preferred method of contact.)

Name/Number of Curriculum Guide you are following: _____

Year of Guide: _____

Core course for which you are requesting a substitution: _____

Course you would like to substitute for the core requirement: _____

Institution where course was taken: _____

Note: LCC policy states, "Core substitutions will be granted only as a result of verifiable college error, e.g. inappropriate advising, inaccurate printed materials." See [Process for Granting Exceptions to the Institutional Core Requirements for Associate Degrees at http://www.lcc.edu/~catalog/policies_procedures/graduation.htm#exceptions](http://www.lcc.edu/~catalog/policies_procedures/graduation.htm#exceptions) for full policy.

State in detail the reason you are requesting this substitution. Attach any supporting documentation:

State in detail why you don't have the time or ability to take the required core course:

Student Signature: _____ Date: _____

SECTION II Office Use Only

A. Chair Approval: This section is to be completed by the Chair of the Department in which the curriculum resides (Program Chair) after consultation with the Chair of the Department which houses the core class for which a substitution is being requested (Core Chair).

Core Chair Name: _____

Date of Discussion/Determination _____

Core Chair Approval: Yes (forward to Program Dean)

No (student to be notified by Program Chair)

Comments: _____

Program Chair Signature: _____ **Date:** _____

B. Dean Approval: This section is to be completed by the Dean of the Division in which the curriculum resides (Program Dean).

Program Dean Concur: Yes (forward to Provost)

No (return to Program Chair for student notification)

Comments: _____

Signature: _____ **Date:** _____

C. Provost Approval:

Provost Concur: Yes No

Comments: _____

Signature: _____ **Date:** _____

Copies sent by Academic Affairs to: Registrar Program Dean Core Chair
 Student (written notification)