



Request for Guest Access to Course Management System (CMS)

- 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.
- 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 Chairperson of their department will not be processed.

**** The Office of Institutional Effectiveness, Research, and Planning (IERP) 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 IERP for further information before their request can be processed.*

- Accreditation Agencies:** Please contact IERP at (517) 483-1975 or (517) 483-5304 for specialized access.

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 2010): _____ 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: _____

Chair's Signature: _____ Date: _____

Executive Director of IERP 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