

STUDENT ARTICULATION APPLICATION LANSING COMMUNITY COLLEGE/ PUBLIC SCHOOL DISTRICT

Student's Name: _____
Last First Middle

Date of Birth: _____ Telephone Number: _____

Address: _____
Number and Street City State Zip

High School: _____ Graduation Year: _____

This certifies that the above-named student has satisfactorily met all standards outlined in the _____ Program and is recommended to receive articulated credit for the following Lansing Community College courses:

(Only list courses taken during the student's 11th or 12th grade year.)

TO BE FILLED OUT BY INSTRUCTOR OR ARTICULATION COORDINATOR ONLY

LCC COURSE CODE	LCC COURSE TITLE	LCC CREDIT HOURS	ACADEMIC YEAR HIGH SCHOOL COURSE TAKEN <small>(ex. 2009/2010)</small>

Signatures: _____
School District Instructor/Counselor Date

_____ Date
School District Principal or Designee

School District Checklist

1. Retain a copy of this form.
2. Sign this form and submit with the ***Student Proficiency Checklist***.
3. Submit applications for graduating seniors only.
4. List no more than 16 articulated credits on this form.
(College credits for articulated courses are limited to a maximum of 16 credits per student.)
5. Return all forms to:
 Lansing Community College
 K-12 Relations
 Attention: Deb Logsdon
 P.O. Box 40010
 Lansing, MI 48901
 MC 1000

LCC REGISTRAR'S OFFICE USE ONLY

Credits to be awarded on LCC transcript:

Course Code and Number	Credits
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Approved: _____
Articulation Coordinator Date

Processed: _____
Registrar Date

LCC Student #: _____