



Student Finance Office Use Only  
\$50 Application Fee Validation

# Credit for Approved State or National Licensure or Certification Application Processing Form

Lansing Community College recognizes that current licensure or certification represents learning for which credit may be granted. Therefore, the College assesses national and state licenses as part of its credentialing function.

Any student who has applied to Lansing Community College may apply for licensure or certification credit evaluation. **Students should consult with an advisor in the department from which credit is being sought prior to submitting an application for assessment. Credit is limited to specific credentials. Additional experience and/or documentation unique to each credential may be required. Students may contact Enrollment Services, Gannon Building, (517) 483-1200 to determine which college department will perform the assessment.**

The student is personally responsible for completing the Licensure or Certification Application, providing supporting documentation, and emailing those to the [Registrar](#) or mailing them to the address below:

**Student Finance Office  
Lansing Community College  
309 N Washington Square Suite 200  
Lansing, MI 48933**

The \$50 processing fee can be made by submitting an electronic payment through the [Registrar Marketplace](#).

Lansing Community College's decision to award credit for licensure or certification does not obligate any other institution to accept such credits in transfer. Receiving institutions reserve the right to assess transcripts of incoming students and award credit as they see fit. Credits received by students that are based on licensure or certification will not be used to award financial aid or veteran's benefits but will be considered in determining eligibility. Some Lansing Community College courses are excluded from licensure or certification consideration.

***To be completed by the student (please print or type):***

**STUDENT ID NUMBER:** \_\_\_\_\_

**NAME:**

**FIRST**

**MI**

**LAST**

**ADDRESS:**

**STREET**

**CITY**

**STATE**

**ZIP CODE**

**PRIMARY PHONE:** \_\_\_\_\_

**OTHER:** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

***I am seeking credit for the following course(s):***

COURSE CODE	TITLE	CREDITS

***I am applying for this credit based on the following credential(s):***

*Please provide the complete name of the license/certification that you possess and **attach a copy** to this application.*

I understand that I may be required to present my original license/certification to an LCC evaluator. I further understand that I may also be required to provide additional documentation to support my request for credit, such as verification of employment, continuing education credits, etc. Students should speak with an advisor in the department from which credit is sought for specific requirements.

**Student Signature**

**Date**

**Equivalent Course Credit at LCC  
FOR EVALUATOR USE ONLY**

To the Evaluator: For audit purposes, all documentation to support the credit granted below must be attached.

COURSE CODE	TITLE	CREDITS

**Evaluator Signature**

**Date**

**Department Administrator Signature**

**Date**

**Department Name:**