



Substitution of ACTS Equivalent for LSTC Required Course

Name: _____ Date: _____

Semester/Year: _____ Degree Program: _____

Proposed ACTS Equivalent:

School	Course #	Professor
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Course title

LSTC course for which this is to be substituted:

Course #	Course title
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Please note: No more than five LSTC students may enroll in a given ACTS course for this purpose.

Submit completed form to LSTC Registrar