

Max Time Frame Evaluation Request

Student Name: _____ LCC ID#/Last Four of SSN#: _____

Address: _____ City: _____ State: _____ Zip: _____

What program of study are you currently enrolled in? _____

How many times have you changed your program since you first enrolled at LCC? _____



Certification:

I certify that the submitted information is true and correct to the best of my knowledge and belief. If asked by an authorized official, I agree to provide additional proof of the information provided on this form.

WARNING: If you purposefully give false or misleading information on this form, you may be fined, sentenced to jail, or both.

Student Signature: _____ **Date:** _____