

**York County Community College**  
**TUITION REIMBURSEMENT REQUEST FORM**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Course Name: \_\_\_\_\_

Course Description: \_\_\_\_\_

\_\_\_\_\_

Attach a copy of your transcript from the college or university indicating that you have successfully completed the course(s).

Attach a copy of the academic institution's billing statement showing the amount paid for the course(s).

Submit this form to your department head for approval and processing.

Approved by: \_\_\_\_\_  
Division Manager \_\_\_\_\_ Date

\_\_\_\_\_ Date  
Business Office