



Adjunct Faculty Tuition Waiver Request

Instructions: Complete this form for each semester that you plan to attend classes. Please keep a copy for your records.

Please fill out this form completely and accurately, and forward it to Pat O'Brien, Assistant to the Vice President/Academic Dean. YCCC reserves the right to change this policy at any time.

Date _____ Semester _____

Print Name _____ SS# _____ Phone _____

Address _____ City _____ Zip _____

Course Enrollment Information: List the course(s) you wish to take below. Individuals will have one year to enroll in a course from the time of the last completion of teaching a credit class at YCCC. All course enrollments are subject to the approval of the Vice President/Academic Dean.

Course Number and Section Number	Title of Course	Days	Times	Credit Hours
Total Credit Hours				

Semester taking class: _____

Part-time Faculty Statement of Certification, Understanding and Agreement: I certify that I am currently an adjunct faculty member of York County Community College. I understand that I am eligible for a tuition waiver for one credit course for every credit course taught at YCCC. I understand and agree that the waiver for the above-listed class(es) is for the tuition only; the cost of fees, supplies and textbooks are my responsibility. I understand that I will be placed on a waiting list and will only be enrolled if there is space available. I am teaching the courses listed below during the above listed semester:

(List course number and section number of each course you are teaching)

I understand that if all of these sections are canceled, this tuition waiver may become invalid.

Employee Signature _____ Date _____

This section must be completed by the Vice President/Academic Dean: I certify that this individual is employed as described above:

Approval Signature _____ Date _____

_____ Approved _____ Denied (reason: _____)