



Tuition Waiver Request

Employee/Spouse/Child

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

Please fill out this form completely and accurately, and return it to the Business Office. YCCC reserves the right to change this policy at any time.

Date: _____ Semester: _____

Student Name: _____ SS# _____ Phone: _____

Address: _____ City: _____ Zip: _____

Course Enrollment Information: List the course(s) you wish to take below.

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

Please note the following Waiver policy for Employees/Spouses/Children

Credit courses - tuition is waived, all other fees are the responsibility of the employee/spouse/child.

This section must be completed by the Employee's Supervisor and the Director of Finance: I certify that this individual is employed or is a dependent of an employee of YCCC:

Supervisor Approval : _____ Date: _____

Finance Approval: _____ Date: _____

HR: _____