



YORK COUNTY COMMUNITY COLLEGE

Request for Study at Another Institution

Please return this form to YCCC Records & Registration
Email: enrollmentservices@yccc.edu
Fax: (207) 641-0837
Mail: 112 College Drive, Wells, ME 04090

* Form must be completed **30 days prior** to the start of the semester

Student Information

Name: _____
Last First M.I.

Phone: _____ Preferred Email: _____

Course Information

Semester for Request Fall Spring Summer

Institution: (e.g. SMCC): _____ Course Start Date: _____ Course End Date: _____

Course Code at Away Institution (e.g. NURS 100): _____ # of Credits: _____

Reason for Request:

- Course not offered this semester
- Course format/schedule works better
- Course is full
- Other _____

* It is the responsibility of the student to have an **OFFICIAL** transcript sent to YCCC after successful completion of the course. **Send transcript to:**

Email: admissions@yccc.edu
Fax: (207) 641-0837
Mail: 112 College Drive, Wells, ME 04090 Attn: Admissions

Financial Aid Information: To be completed by the Financial Aid office at YCCC only if you are applying for financial aid to cover "Host-Campus" expenses.

This certifies that a written agreement between YCCC and the host institution indicated above has been signed by the appropriate representatives for both parties and that the agreement is valid for the duration of the student's enrollment in this program.

Director of Financial Aid: _____ **Date:** _____

Will course(s) apply to the student's degree program? YES NO

If yes, which course(s) will be credited on the student's YCCC transcript upon successful completion?

Director of Registration/Records: _____ **Date:** _____