



REQUEST FOR STUDIES AT OTHER INSTITUTIONS

Enrollment Services • York County Community College
112 College Drive • Wells, ME 04090
(207) 216-4401 • Fax: (207) 641-0837
E-mail: enrollmentservices@yccc.edu

Please fill out form in its entirety. Form must be completed 30 days prior to the start of the semester.

Student Information:

Legal Name: _____
Last *First* *M.I.*

Student ID # or SSN: _____ Major: _____

Primary Phone: _____ Email: _____

Course Information:

Host Institution Name: _____

Semester: Fall Spring Summer Start Date: _____ End Date: _____ Year: _____

Do you receive Financial Aid? Yes No Are you requesting to use FA on this course? Yes No

Course Name, Number, and Credits [Ex: ACC 111, Accounting I, 3 credits]: _____

Reason for Request: _____

Note: It is the student's responsibility to have an official transcript sent to YCCC's Enrollment Services Office upon completion of the course(s).

By signing this form, I authorize the host institution listed above to release attendance, grade and transcript information to the Offices of Financial Aid and Enrollment Services at York County Community College.

Student Signature: _____ Date: _____

For Office Use Only:

Will courses(s) apply to the student's degree program? Yes No

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

Director of Enrollment Services' Signature: _____ Date: _____

Financial Aid Information:

Financial Aid Students: 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's Signature: _____ Date: _____