



REQUEST FOR STUDIES AT OTHER INSTITUTIONS

Enrollment Services-York County Community College
112 College Drive • Wells, ME 04090 • www.yccc.edu • (207) 646-9282

*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 _____
Mailing Address _____
City _____ State _____ Zip _____
Home Phone () _____ Work Phone () _____
Major _____

Course Information

Host Institution Name _____
Semester For Request Fall Spring Summer
Start Date _____ End Date _____ Year _____
Course Name, Number and Credits, Example: ACC 111, Accounting I, 3 credits

Reason For Request

Note: IT IS THE RESPONSIBILITY OF THE STUDENT TO HAVE AN OFFICIAL
TRANSCRIPT SENT TO YCCC'S ENROLLMENT SERVICES DEPARTMENT UPON
COMPLETION OF THE COURSE(S).

Student Signature _____ Date _____
Advisor Signature _____ Date _____
Dir. 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 _____ Date _____