

Request for Studies at Other Institutions

Student Information

Legal Name _____ 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 Year _____

Course Name, Number and Credits, i.e. ACC 111, Accounting I, 3 credits

Reason For Request _____

Note: It is the responsibility of the student to provide their advisor with a course description if requested, and to HAVE AN OFFICIAL TRANSCRIPT SENT TO YCCC'S ENROLLMENT SERVICES DEPARTMENT upon completion of the course(s). Your advisor should forward a course substitution form to the Enrollment Services Department after obtaining the signature of the Department Chair.

Student Signature _____ Date _____
Advisor Signature _____ Date _____
Enrollment Coordinator 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 away 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 _____

Student's Official Transcript Received: Yes No Date _____