TOMPKINS CORTLAND COMMUNITY COLLEGE
TRANSFER CREDIT RE-ASSESSMENT REQUEST

NOTE: This form must be accompanied by a course description printed from the appropriate previous college catalog for each course to be re-assessed. Please submit to Academic Records, Room 248C.

NAME ____________________________________  TC3 ID NUMBER __ __ __ __ __

ADDRESS __________________________ CITY __________ STATE ______ ZIP ______

PREVIOUS COLLEGE __________________________ CURRENT TC3 PROGRAM ________________________

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<table>
<thead>
<tr>
<th>Courses from Previous Institution</th>
<th>Tompkins Cortland Equivalent</th>
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<tbody>
<tr>
<td>Course Number and Title</td>
<td>Credits</td>
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OFFICE USE ONLY

REVIEWER’S RECOMMENDATION  ___Approve  ___Deny

COMMENTS:

__________________________________________________________________________________________

__________________________________________________________________________________________

Reviewer’s Signature __________________________ Date ____________

COLLEGE OFFICIAL  ____ Approve  ___Deny

COMMENTS:

__________________________________________________________________________________________

__________________________________________________________________________________________

College Official’s Signature __________________________ Date ____________