

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 _____

Courses from Previous Institution			Tompkins Cortland Equivalent	
Course Number and Title	Credits	Grade	Course Number and Title	Credits Granted

OFFICE USE ONLY

REVIEWER'S RECOMMENDATION Approve Deny

COMMENTS:

Reviewer's Signature

Date

COLLEGE OFFICIAL

Approve

Deny

COMMENTS:

College Official's Signature

Date