

# TOMPKINS CORTLAND COMMUNITY COLLEGE TRANSFER CREDIT RE-ASSESSMENT REQUEST

**NOTE: This form must be accompanied by a course syllabi printed from the appropriate previous institution for each course to be re-assessed. Please submit to Academic Records, Room 229.**

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:

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\_\_\_\_\_  
Reviewer's Signature

\_\_\_\_\_  
Date

COLLEGE OFFICIAL

\_\_\_ Approve \_\_\_ Deny

COMMENTS:

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\_\_\_\_\_  
College Official's Signature

\_\_\_\_\_  
Date