

# TOMPKINS CORTLAND COMMUNITY COLLEGE TRANSFER CREDIT REASSESSMENT REQUEST

**NOTE:** This form must be accompanied by a course description printed from the appropriate previous college catalog for each course to be reassessed. Return to Enrollment Services, Room 101 (ATTN: B. Doane)

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