

Permission to Attend Another Institution

Return this form to:

Academic Records, Room 248C

P.O. Box 139 | Dryden, NY 13053-0139

Phone: 607.844.6500 | FAX: 607.844.6550 | Email: acadrec@tompkinscortland.edu

Name: _____ Student ID #: _____
 Last First MI

Address: _____
 Street/Apt #/PO Box City State Zip

Phone No.: _____ TC3 mymail E-mail address: _____

Degree Program at TC3: _____

College where course(s) will be taken: _____
 College Name Address (city, state)

From: _____ to _____
 Date Date

Course(s) #, Title and # of credits to be taken	TC3 Equivalent
_____	_____
_____	_____
_____	_____

PLEASE ATTACH A COPY OF THE COURSE DESCRIPTION(S)

I understand that this permission form can be signed only if I have a 2.0 cumulative GPA, I am in good academic standing, the