## **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/Apr				
Street/Apr	t #/PO Box	City	State	Zip
Phone No.:	TC3 myma	ail E-mail address:		
Degree Program at TC3:				
College where course(s) will be	oe taken: College Na			
	College Na	me	Address (city, state)	
From:	to			
Date		ate		
Course(s) #, Title and # of c	redits to be taken	TC3 Equivalent		
	PLEASE ATTACH A COPY OF	THE COURSE DESC	RIPTION(S)	
I understand that this permiss	ion form can be signed only if I hav	e a 2.0 cumulative GPA, I	am in good academic	
course(s) named above will fu	ulfill a degree requirement at Tomploplication. I also realize that in orde	kins Cortland Community ( or for credits to be transfer	College, and the requi	rement is one that e I must complete
	grade and submit an official transcr			o, i maoi complete
Student's Signature		<del></del>	Date	
	-	L DE EMAILED TO THE	STUDENT'S TOO MY	MAII ACCOUNT
	SION GRANTED OR DENIED WIL ADE OF C OR BETTER (2.0) FOR			MAIL ACCOUNT.
OFFICE USE ONLY:	☐ Permission Granted	☐ Permission □	enied	
Colle	ge Official's Signature		Date	
	-			
College Official's Commen	ts:			
PROOF OF REGISTRATION	ON SURMITTED: Ves 🗍	No Type Submitted		