

# Permission to Attend Another Institution

Enrollment Services Center

Room 101

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

Phone: 607.844.8222 Ext. 4336 | FAX: 607.844.6541 | Email: [bsd@tc3.edu](mailto:bsd@tc3.edu)



Name: \_\_\_\_\_  
(Please print)

Student ID No.: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Degree Program at TC3: \_\_\_\_\_

Course(s) to be taken at: \_\_\_\_\_  
College Name and Address

From: \_\_\_\_\_ to \_\_\_\_\_  
Date Date

Course #, 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 course(s) named above will fulfill a degree requirement at Tompkins Cortland Community College, and the requirement is one that I still need at the time of this application. I also realize that in order for credits to be transferred back to the College, I must complete the course with a C or better grade and submit an official transcript to the Academic Records Office.

\_\_\_\_\_  
Student's Signature Date

**NOTIFICATION OF PERMISSION GRANTED OR PERMISSION DENIED WILL BE EMAILED TO THE STUDENT'S TC3 MYMAIL ACCOUNT. STUDENTS MUST RECEIVE A GRADE OF C OR BETTER (2.0) FOR COURSEWORK TO BE ACCEPTED.**

**OFFICE USE ONLY:**

Permission Granted  Permission Denied

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

College Official's Comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PROOF OF REGISTRATION SUBMITTED: Yes  No  Type Submitted: \_\_\_\_\_