[ ]  1. Check service information for the recommended procedure to follow when diagnosing manual transmission/transaxle shifting concerns (describe).

Evaluation (Enter number from 4, 3, 2, 1) :\_\_\_\_\_\_\_\_\_

Meets ASE Task: A3 - C-3 – P-2 & A3 - C-4 – P-2

Time on Task:\_\_\_\_\_\_\_\_\_\_\_\_\_

Make/Model/Year:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Manual Transmission Noise/Shifting Diagnosis**

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[ ]  2. Check service information for the recommended procedure to follow when diagnosing manual transmission/transaxle noise concerns (describe).

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[ ]  3. Based on the inspections, what is the necessary action?

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