

**REQUEST TO REEVALUATE TRANSFER CREDIT**

Name: \_\_\_\_\_ Student ID : \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**I request a re-evaluation of the credits I transferred from:**

(School where credits were earned)

**PROCEDURE**

- 1) Bring this form to the chairperson of the department(s) which awarded the transfer credits in question along with any documents necessary to support the re-evaluation request (e.g. catalog description, course syllabus, etc.). If you do not know who the chairperson is, you may find that information on the department website.
- 2) If you did not receive transfer credit for a course and believe that you should have, please attach a copy of the transcript to this form and highlight the course in question.
- 3) After obtaining the chairperson's signature, return this form to the Office of the Dean of Arts and Sciences in 257 Chafee.

NAME OF COURSE AT OTHER INSTITUTION:	ORIGINAL EVALUATION*:	SHOULD BE:	CHAIRPERSON'S SIGNATURE:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\* Original Evaluation refers to the way a course appears on your URI transcript.

**STUDENT SIGNATURE:** \_\_\_\_\_  
(DATE)

**DEAN'S SIGNATURE:** \_\_\_\_\_  
(DATE)