

**COLLEGE OF HUMAN SCIENCE AND SERVICES  
REQUEST TO RE-EVALUATE TRANSFER CREDIT**

Name \_\_\_\_\_ Student ID# \_\_\_\_\_

Degree(s)/Major(s) \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

I request a re-evaluation of my work at \_\_\_\_\_  
(Other Institution)

**PROCEDURE FOR STUDENT:**

1. Bring this form to the Chairperson of the appropriate URI department(s) along with any documents to support the re-evaluation (e.g. catalog description, course syllabus, etc.).
2. After obtaining signatures, return this form to the HSS Dean's Office, Quinn 112

Course at Other Institution	Original Evaluation	Evaluation Should Be	Chairperson's Signature
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

**Dean's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

OFFICE USE ONLY Date Received _____ Date Processed _____ Initials _____
--