
Student's First Name Student's Last Name ID Number

Email Phone Number Graduation Date (mm/yyyy)

DIRECTIONS FOR STUDENT: This form is for College of Business students

1. Bring this form to the chairperson of the department 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. Please complete one form, per URI department, per transfer school.
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 and accompanying materials to the College of Business Dean's Office receptionist or email it to us at cob@etal.uri.edu.

I request re-evaluation of the credits I transferred from _____

Title of Course at Other Institution	Original URI Evaluation	New Evaluation	Chairperson's/Area Coordinator's Name	Chairperson's/Area Coordinator's Signature	Date

I have checked to see if the course I want re-evaluated has [already been approved for transfer \(TES\)](#).

I understand that I will not receive credit for courses that are in progress or incomplete.

I understand that I will not receive transfer credit for any course in which I did not receive a C or better.

Student Signature Date

Student's Dean Date