

**COLLEGE OF THE ENVIRONMENT AND LIFE SCIENCES
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 CELS Office of Student Affairs in Room 130 CBLs.

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

Student's Signature _____ **Date** _____

Dean's Signature _____ **Date** _____

Please complete and submit to the CELS Office of Academic & Student Affairs, CBLs Room 130.

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| <p>OFFICE USE ONLY Date Received _____ Date Processed _____ Initials _____</p> |
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