

College of Health Sciences Request to Re-Evaluate Transfer Credit

Name: _____ Student ID: _____

Major: _____ Expected Grad Date: _____

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 all signatures, return this form to the College of Health Sciences Dean's Office, Quinn 101 or via email at chs-group@uri.edu.

Course at
other institution

Original
evaluation

Evaluation
should be

Chairperson's
Signature

Student Signature: _____

Date: _____

Dean's Signature: _____

Date: _____