

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, please submit as noted below.

Course at Original Institution (e.g. MATH 1000)	Original Evaluation Course Code (e.g. MTH 111)	Requested Evaluation Course Code	Department Chairperson's Signature

Student's Signature _____ Date _____

Once you've obtained the signature(s) above, please submit this form via the COE Online portal or drop-off at Bliss Hall 420.



bit.ly/uri_coe_forms

Assistant Dean for Undergraduate Affairs:

Signature

Date