THE
UNIVERSITY
OF RHODE ISLAND
FANNON INSTITUTE
FOR STUDENT SUCCESS
Transfer Student Success

018A Roosevelt Hall, 90 Lower College Road, Kingston, RI 02881 USA p: 401.874.2473 uri.edu/transfer

THINK BIG WE DO℠

REQUEST TO RE-EVALUATE TRANSFER CREDIT

Student Name:	Date:
Student ID #:	Phone:

DIRECTIONS FOR STUDENT: This form is primarily for first-year, exploratory, and undecided students. Students with a major should consult with your dean's office.

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: ***Transfer Student Success***, 018A Roosevelt Hall **OR** via email to John Rooney, rooney@uri.edu.

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

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

Please ensure that all required documentation is attached before submitting the form, as incomplete submissions may delay the review process. If you have any questions regarding the re-evaluation procedure, you are encouraged to contact *Transfer Student Success* for guidance.

_____ _____
Student's Signature Date

OFFICE USE ONLY

_____ _____
TSS Signature Date Processed

_____ _____
TES Signature Date Processed