

REQUEST TO REEVALUATE TRANSFER CREDIT

Name (last, first, middle initial)	URI ID #
URI email	Phone #

DIRECTIONS FOR STUDENT:

1. Bring this form to the chairperson of the department(s) 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.
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 to University College in Roosevelt Hall.

I request a re-evaluation of the credits I transferred from:

_____ (School where credits were earned)

TITLE OF COURSE AT OTHER INSTITUTION	ORIGINAL EVALUATION ON URI TRANSCRIPT	NEW EVALUATION	CHAIRPERSON'S NAME	CHAIRPERSON'S SIGNATURE	Date

** TES is our database of courses that have been pre-approved for transfer to URI.

Student Signature

Date

Transfer Advisor Signature

Date