

REQUEST TO REEVALUATE TRANSFER CREDIT

Name: _____ Student ID : _____

Phone #: _____ Email: _____

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

INSTRUCTIONS:

- 1) Bring this form to the chairperson of the department(s) in which you would like to receive credit 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) Return the completed form CASForms@uri.edu.

COURSE AT OTHER INSTITUTION:	ORIGINAL EVALUATION:	REQUESTED EVALUATION:	CHAIRPERSON'S SIGNATURE:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- I have checked to see if the course I want re-evaluated [has already been approved for transfer](#).
- I understand that I will not receive credit for courses that are in progress or incomplete.
- I understand that I will not receive transfer credit for any course in which I did not receive a C or better.

STUDENT SIGNATURE: _____ (DATE)

DEAN'S SIGNATURE: _____ (DATE)