



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 Room 101

Course at other institution	Original evaluation	Evaluation should be	Chairperson's Signature
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Student Signature: _____ Date: _____

Dean's Signature: _____ Date: _____