

UNIVERSITY OF RHODE ISLAND

COLLEGE OF ENGINEERING

REQUEST TO RE-EVALUATE TRANSFER CREDIT

DATE: _____

>>> ENTIRE FORM MUST BE COMPLETED IN INK <<<

YOUR NAME _____	SIGNATURE _____
ID No. _____	ADDRESS _____
MAJOR _____	_____
E-MAIL _____	PHONE _____

• I request that transfer credit for the course(s) shown below be re-evaluated because *(be brief and specific)*:
(Note: Be sure to attach all information to support this request (i.e. catalog course description, detailed course syllabus, etc.)

• Indicate below the specific course(s) to be re-evaluated, where they were taken *(check appropriate box and provide name)*, and what you believe is the URI Equivalent Course (i.e. URI 123) you believe applies.

- _____ UNIVERSITY
- _____ COMMUNITY COLLEGE
- _____ OTHER

COURSE AT -OTHER - INSTITUTION	TITLE	CR	URI EQUIVALENT	CR	APPROVED
<i>ABC 123</i>	<i>Name of Course</i>	<i>03</i>	<i>URI 123</i>	<i>03</i>	<i>Example</i>
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO

 DEAN'S SIGNATURE, COLLEGE OF ENGINEERING

 DATE