



Re-Evaluation Request Form

Student Name: _____ ID: _____

UB Email Address (required): _____ Date: _____

Program of Study: _____

Please email the completed form, with a course syllabus to transfercredit@ubalt.edu.
All communications will be through the University of Baltimore email.

I am requesting a re-evaluation of my transcript for the following reasons:

- I believe one or more courses should have been transferred
- I believe one or more courses should be a direct course equivalency.

The course(s) I believe to be an equivalency are the following (example below):

Transfer Course	University/College	UB Equivalency
INFO 222	Towson University	COSC 210

Transfer Course	University/College	UB Equivalency

Other (please explain):

Re-Evaluations will be processed in 7-10 days.

Student Signature: _____

For Office Use Only

Resolution: _____

Processor/Date: _____