

FOUNDATIONS GRADE APPEAL FORM

Submit completed form to UW School of Medicine Curriculum Office, somchng@uw.edu

Name: _____ Date: _____
Email: _____ Pager/Cell#: _____
Foundations Site: _____ Block: _____ Qtr/Yr: _____

To initiate the grade appeal process, you must check off the list below. Please make sure all steps have been followed before submitting the form to somchng@uw.edu.

1. **Grade Review:** I have met with the block or course director for a guided review of my grade and/or evaluative material:

YES NO

2. **Grade Challenge:** I have met with the block or course director to advocate for why I believe my grade should be changed (Grade Challenge Meeting) and received a decision:

YES NO

If **Yes**, fill out the section below:

Date of Grade Challenge: _____

Via Phone Zoom In person meeting.

The person I met with was:

Name: _____ Email: _____

No, I did not complete the grade challenge step because _____

If you have followed the process outlined above (and in further detail at <https://education.uwmedicine.org/curriculum/by-phase/foundations/foundations-grade-review-challenge-and-appeal-process/>)

Which are you appealing? Explain in specific detail your dispute with this grade ([Attach additional page if needed](#))

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What is your desired outcome for this grade appeal?

The Grade Appeal Committee will include about **8 faculty members and 2 student representatives** with member diversity for WWAMI representation and gender/ethnicity from the Foundations and Clinical phase of the curriculum.

I opt **NOT** to include student representatives

Signature:

I opt to include student representatives

Date Appeal Received _____ Date of Appeal Committee Meeting _____

Date of appeal decision forwarded to department and student _____