

FOUNDATION GRADE CHALLENGE FORM

Submit completed form to Block or Course director

<https://education.uwmedicine.org/curriculum/by-phase/foundations/directory/>

Name: _____ Date: _____
Email: _____ Pager/Cell#: _____
Foundations Site: _____ Block/FCM/Course: _____

Before initiating a grade challenge with the clerkship department, please make sure you have met with the department for a guided review of your grade and/or evaluative material.

Have you discussed your concerns with the block/course administrator or director? _____
If so, when? _____

What is your desired outcome for this grade challenge?

Please explain in very specific detail your dispute with this grade. (Attach additional page if needed)

Date Challenge Received _____ Meeting Date of Challenge _____
Date Challenge decision forwarded to student _____