

CLINICAL EVALUATION & GRADE APPEAL FORM

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

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

Date of Meeting with Clerkship Director: _____

Which are you appealing? (Check all that apply):

Clinical evaluation comments or other concern related to clinical evaluation

Grade

Explain in specific detail your dispute with the comments on your final grade form or other concerns related to your clinical evaluation. (Attach additional page if needed)

Explain in specific detail your dispute with this grade (Attach additional page if needed)

What is your desired outcome for this grade appeal?

The Grade Appeal Committees for Foundations and Clinical Phases will include about **10 faculty members** with member diversity for WWAMI representation and gender/ethnicity and **2 student representatives** who are students in good standing, and preferably one being a representative from the School of Medicine Honor council and second student who is a member of the Anti-Racism Action Committee.

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 _____

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