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 ______________