

CLINICAL EVALUATION & GRADE CHALLENGE FORM

Submit completed form to the Department Clerkship Director

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

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 clerkship department? _____
If so, when? _____

Which are you challenging: (Check all that apply)

I request more information about my grade and do not want to move to a formal challenge at this time

Clinical evaluation comments or other concern related to clinical evaluation

Grade

Please explain in specific detail your dispute with the comments on your final grade form or other concerns related to clinical evaluation comments. (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 challenge?

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