

CLINICAL EVALUATION & GRADE APPEAL FORM

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

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

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

1. **Grade Review:** I have met with the department for a guided review of my grade and/or evaluative material: *(this conversation is most likely with Clerkship Administrator)*
YES NO
2. **Grade Petition Meeting:** I have met with the clerkship director to advocate for why I believe my grade should be changed and received a decision. *(Grade Challenge form can be found on each department's website)*
YES NO

If **YES to both questions above**, fill out the section below:

Date of Grade Petition: _____
Via Phone Zoom In person meeting

The person I met with was the Clerkship director Associate clerkship director
Name: _____ Email: _____

Please note that a conversation with an administrator does not fulfill the grade challenge requirement, as the grade challenge should give you the opportunity to advocate for a grade change with a person who is themselves empowered to potentially change the grade if the challenge is approved.

If **NO to EITHER question above**: I did not complete either the grade review or grade petition step because:

If you have completed BOTH steps outlined above (further detail at Clinical Grade Review, Petition and Appeal Process [Webpage](#)) please fill out the sections below.

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

Clinical evaluation comments or other concern related to clinical evaluation

Grade (Please include grade received)

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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 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

For Internal Use

Date Appeal Received _____ Date of Appeal Committee Meeting _____

Date of appeal decision forwarded to department and student _____