

# School of Medicine & Health Sciences

THE GEORGE WASHINGTON UNIVERSITY

## APPEAL OF GRADE IN CLINICAL CLERKSHIP/COURSE

Student's Name \_\_\_\_\_

Clerkship being appealed \_\_\_\_\_

Clerkship Dates \_\_/\_\_/\_\_ to \_\_/\_\_/\_\_

Date final grade received \_\_/\_\_/\_\_

Today's Date \_\_/\_\_/\_\_

Which portion of the evaluation do you feel was unjust or inaccurate?

\_\_\_\_ Clinical evaluation \_\_\_\_\_ (specify site)

\_\_\_\_ Exam

Basis for your appeal? \_\_\_\_\_

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*(use more space if needed)*

Submit this form via email to Dean Rhonda Goldberg [rmgoldb@gwu.edu](mailto:rmgoldb@gwu.edu) and the Clerkship Director within 14 days of receiving final grade.

See GW SMHS Regulations:

<https://smhs.gwu.edu/sites/default/files/Regulations%20for%20MD%20Candidates%202017%206-21-17%20Final.pdf>