

School of Medicine & Health Sciences

THE GEORGE WASHINGTON UNIVERSITY

APPEAL OF GRADE IN PRE-CLINICAL BLOCKS

Student's Name _____

BLOCK being appealed _____

BLOCK Dates ___/___/___ to ___/___/___

Date final grade received ___/___/___

Today's Date ___/___/___

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

___ Exam _____ (specify)

___ Other _____ (specify)

Basis for your appeal? _____

_____ (use more space if needed)

Submit this form via email to Dean Rhonda Goldberg rmgoldb@gwu.edu and the Block 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>