

Uniform Clinical Evaluation of students

The George Washington University School of Medicine and Health Sciences

Mail to: GW SMHS Dean's Office / **Registrar**

2300 I St. NW, 708, Washington, DC 20037

Email: RegistrarMD@email.gwu.edu

Fax to: 202-994-0926

Student:

Course:

Dates Attended:

Exam Grade: N/A	Type	Score	Fail	Conditional	Pass	High Pass	Honors
Exam Grade: N/A	Type	Score	Fail	Conditional	Pass	High Pass	Honors
Project Grade: N/A	Type	Score	Fail	Conditional	Pass	High Pass	Honors
Project Grade: N/A	Type	Score	Fail	Conditional	Pass	High Pass	Honors
Clinical Grade: N/A	Type	Score	Fail	Conditional	Pass	High Pass	Honors
Clinical Grade: N/A	Type	Score	Fail	Conditional	Pass	High Pass	Honors

Global Rating: (To be completed by attending only):

FAIL* (Unacceptable performance)	CONDITIONAL* (Marginal Performance, remediation required)	PASS (Good-Very good)	HIGH PASS (Excellent)	HONORS (Outstanding)
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Signature of Clerkship/Course/Elective Director:

Date:

Additional Comments:

*All conditional and fail grades must be reported to and approved by the Associate Dean for Student Affairs (Dean Rhonda Goldberg rmgoldb@gwu.edu) before any remediation is attempted. Specific recommendations for remediation should accompany the report. Dean Goldberg will involve the Medical Student Evaluation Committee when appropriate.