Uniform Clinical Evaluation (of students in Year 3-4 courses)
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: MArmstrong@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  SITE:______________________  Fail  Conditional  Pass  High Pass  Honors
 Clinical Grade: N/A  SITE:______________________  Fail  Conditional  Pass  High Pass  Honors

Overall Grade: (completed by attending only):

<table>
<thead>
<tr>
<th>Unacceptable performance*</th>
<th>Marginal performance, remediation suggested/required*</th>
<th>Very good</th>
<th>Excellent</th>
<th>Outstanding</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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</tbody>
</table>

Signature of Clerkship/Course/Elective Director: ____________________________________________  Required
Print Name: ____________________________________ Date: _________________________________

*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.