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: 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>FAIL* (Unacceptable performance)</th>
<th>CONDITIONAL* (Marginal performance, remediation suggested/required)</th>
<th>PASS (Good-Very good)</th>
<th>HIGH PASS (Excellent)</th>
<th>HONORS (Outstanding)</th>
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<tr>
<td>1</td>
<td>2</td>
<td>3</td>
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<td>5</td>
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Signature of Clerkship/Course/Elective Director: ____________________________________________

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.