

Submission Date: \_\_\_\_\_

Name of Student: \_\_\_\_\_

GW SMHS Course Number: \_\_\_\_\_

Course Title: \_\_\_\_\_

Week Numbers/Dates Attended: \_\_\_\_\_

		Numerical Score*	Letter Grade/Letter Grade Equivalent				
Exam Grade	Type:	Score:	Fail	Conditional	Pass	High Pass	Honors
Exam Grade	Type:	Score:	Fail	Conditional	Pass	High Pass	Honors
Project Grade	Type:	Score:	Fail	Conditional	Pass	High Pass	Honors
Project Grade	Type:	Score:	Fail	Conditional	Pass	High Pass	Honors
Clinical Grade	Type:	Score:	Fail	Conditional	Pass	High Pass	Honors
Clinical Grade	Type:	Score:	Fail	Conditional	Pass	High Pass	Honors

*\*All numerical scores submitted should also have their letter grade equivalent indicated.*

Global Rating / Overall Final Grade: (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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If a student received a CONDITIONAL (CN) or FAIL (F) grade for any mark indicated above, please provide additional information. All Conditional and Fail grades must be reported before any remediation is attempted. Specific recommendations for remediation should be indicated below. The Associate Dean of Student Affairs will involve the Medical Student Evaluation Committee when appropriate.

Signature of Course/Clerkship Director: