

INITIAL GRADE APPEAL FORM (MS1-MS4)

Today's Date: _____

Name of Student: _____

GW ID Number: _____

Course Name *for grade being appealed*: _____

Dept/Course Number: _____ Course/Block Dates: _____

Date Final Grade Received: (mm-dd-year) _____

Final Grade Received: _____

This completed appeal form MUST be submitted within 14 days of receiving final grade in any format.

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

_____ Exam

_____ Clinical Evaluation;

If Clinical Evaluation, specify site (MS3-MS4 Only): _____

_____ Other *If Other, Please Specify:* _____

Please provide a brief basis for the appeal noted above: *You may provide an additional document if space is needed.*

What to Expect Next:

- This completed form **must be** submitted to the following: Block/Clinical/Course Director; the Associate Dean for Student Affairs (rmgoldb@gwu.edu); and the MD Registrar's Office (registrarmd@gwu.edu). *Failure to follow this instruction may result in a delayed grade appeal decision.*
- You will be notified directly by the Block/Clinical/Course Director of the appeal decision and this form will be saved to your record;
 - If your appeal is approved, a grade change form will be submitted to the MD Registrar for processing.
- If your appeal is denied, you have the right to appeal that decision. See the **GW SMHS Policies and Regulations** ([online here](#)) and the MD Registrar's webpage ([online here](#)) for more information.