

Submission Date: _____

Name of Student: _____

GW SMHS Course Number: _____ Course Title: _____

Week Numbers/Dates Attended: _____

Exam Grade:	Numerical Score*	Letter Grade/Letter Grade Equivalent :				
Type of Exam: _____	Score: _____	Fail	Conditional	Pass	High Pass	Honors
Type of Exam: _____	Score: _____	Fail	Conditional	Pass	High Pass	Honors

Project Grade:	Numerical Score*	Letter Grade/Letter Grade Equivalent :				
Type of Project: _____	Score: _____	Fail	Conditional	Pass	High Pass	Honors
Type of Project: _____	Score: _____	Fail	Conditional	Pass	High Pass	Honors

Clinical Grade:	Numerical Score*	Letter Grade/Letter Grade Equivalent :				
Clinical/Site: _____	Score: _____	Fail	Conditional	Pass	High Pass	Honors
Clinical/Site: _____	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 (F) (Unacceptable Performance)	CONDITIONAL (CN) (Marginal Performance – Remediation Required)	PASS (P) (Good-Very good)	HIGH PASS (HP) (Excellent)	HONORS (H) (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.

Provide comments here on medical knowledge, patient care, communication, practice-based learning & improvement, systems-based practice, and/or professionalism, to inform the global rating:

Signature of Course/Clerkship Director: _____