

Today's Date: _____

Name of Student: _____

Course Name: _____

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

Date Initial Appeal was Received: (mm-dd-year): _____

This completed form should be sent within 14 calendar days (for preclinical grade appeals) or 30 calendar days (for clinical and 4th-year grade appeals) of receiving the initial grade appeal form.

_____ **No Changes, Appeal Denied**

_____ Change(s): <i>Please select from below</i>	Original Grade:	New Grade:
_____ Overall Grade for the Block/Course	_____	_____
_____ Clinical Component: _____ (Site/Month) _____	_____	_____
_____ Exam Component: _____ (SP/Practical/NBME) _____	_____	_____
_____ Other, Please Specify: _____	_____	_____

If any component, including Comments, have changed and warrant an updated Uniform Clinical Evaluation (UCE) form, please ensure a revised form version has been saved to MedHub.

Rationale for the 'No Change' or 'Change(s)' indicated above:

You may provide an additional document if more space is needed.

Signature Required: [Signature, Name, Title Date]

What's Next?

- This completed form needs to be sent to all three of the following: the student; the Associate Dean for Student Affairs (rmgoldb@gwu.edu); and the MD Registrar's Office (registrarmd@gwu.edu).
- If applicable, the MD Registrar's Office will process the grade change(s) once this form is received.
- This completed form will be saved to the student's academic file.