

Today's Date: _____

Name of Student: _____

GW ID Number: _____

Course Name for grade being appealed: _____

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

Date Final Grade was received: (mm-dd-year) _____

This completed form must be submitted properly within
14 calendar days of receiving the final grade in any format.

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

_____ Final/Overall Grade

_____ Exam Grade

_____ Clinical Evaluation/Grade; Specify site (MS3-MS4 Only): _____

_____ Other; Please Specify: _____

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

Student's Required Signature:

What to Expect Next:

- This completed form needs to be submitted to all three of the following:
 - (1) Block/Clerkship/Course Director;
 - (2) the Associate Dean for Student Affairs (rmgoldb@gwu.edu); and
 - (3) the MD Registrar's Office (registrarmd@gwu.edu).
- You will be receive a Grade Appeal Response form by the Block/Clinical/Course Director. The MD Registrar's Office will process any grade change(s) noted on that form.
- If your appeal is denied, you have the right to appeal that decision further. See the **GW SMHS Policies and Regulations** ([online here](#)) and the MD Registrar's webpage ([online here](#)) for more information.