

COLLEGE OF MEDICINE PRECLERKSHIP GRADE GRIEVANCE FORM

This form will follow the case through all levels of appeal. Please note that a grade may be contested on more than one basis, however, all must be declared at the start of the process.

Student name	
Grade being contested	
Date grade was communicated to the student	
Date this grievance is filed (must be within 15 days of above date)	
Basis for grievance (circle all that you are claiming)	Select one or more of the following options if they apply. <input type="checkbox"/> A published policy relevant to the grade or graded activity was not followed. <input type="checkbox"/> My answer was correct according to the course content. <input type="checkbox"/> Evidence of grader bias or conflict of interest. <input type="checkbox"/> A clinical course grade was not supported with sufficient explanation. _____
Student Statement Attachments are allowed but they must be described in the statement.	

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Course Director decision	Grade change granted Grade upheld
Course Director statement	
Response appealed	Yes No
If yes, date appeal is filed.	
Student requests to speak at the appeal hearing	Yes No
Persons or committee hearing the appeal	
Date appeal is considered	
Appeal outcome	Grade change granted Grade upheld
Explanation of appeal decision	
Signature of the presiding Chair of the PPEC appeal hearing	