## Indiana University School of Medicine - Competency Appeal Process Level 1 Appeal Form

Student Name		Academic Year	Cour	rse/Clerkship Title
 Dates of Course/Cl	erkship	Course/Clerkship # (if know	wn)	
Student sumr needed):	mary of concerns and ration	ale for grade appeal (a	attach	additional documentation if
·				
•	eted appeal form MUST be r		•	
STUDENT SUE	ship Director, whoever assig	•		
COURSE/CLEF	RKSHIP DIRECTOR	OFFICE USE ONLY		
	Appeal Received by Course	e/Clerkship (or Compe	etency	) Director within 1 week of grade
date received			•	appeal to the Competency
meeting date	Competency Director met receipt of student written	· ·		or in person within 1 week of erns.
date sent	•			ted completed Level 1 form to
				ng of the Competency Director's
	Approved   Declined   Declined			
• •	ed, a new grade is submitted. d, the student may advance t		ess to	the next level (Level 2) if desired.
Competency [	Director Summary of Decision	n (attach additional do	cume	ntation if needed):
Competency Director Name (Printed) Competency Director Signature				