Indiana University School of Medicine - Competency Appeal Process Level 2 Appeal Form

Student Name		Academic Year	Course/Clerkship Title		_
					_
Dates of Course/Clerkship		Course/Clerkship # (if knov	/n) :	Submission Date	
	mary of concerns and rationa	le for grade appeal (a	ttach ad	ditional documentation if	
needed):					
Note: Compl	eted appeal form MUST be re	eceived by Chair of th	e Acade	mic Standards Committee	
	k of Course/Clerkship Directo BMITS COMPLETED LEVEL 2 F		E THF Δ	CADEMIC STANDARDS	
COMMITTEE,	THE SENIOR ASSOCIATE DEA	N FOR MEDICAL STU			
REGIONAL CA	AMPUS, THE CENTER DIRECTO	OR.			
		OFFICE USE ONLY			
date received	appeal within 1 week of red	ceiving Course/Clerksh peal Form with the Su	nip Direc mmary o	detailed premise of second tor's decision. (The SADMSE of Decision(s) and ASC should	
date sent	Chair of ASC submits comp student, the Registrar, Cou Director, of the new grade appeal.	rse/Clerkship Director	and, if a	appropriate, the Center	
Check One:	Approved □ Decline □				
• •	ed, a new grade is submitted.				
if Decline,	the student may advance the	e grade appeal proces	s to the i	next level (Level 3) if desired.	
ASC Summary	of Decision (attach additiona	I documentation if ne	eded):		
ASC Chair Name (Printed) ASC Chair Signature					