Indiana University School of Medicine - Competency Appeal Process
Level 3 Appeal Form

_____	_____	_____
Student Name	*Academic Year*	*Course/Clerkship Title*
_____	_____	_____
Dates of Course/Clerkship	*Course/Clerkship # (if known)*	*Submission Date*

Student Summary of concerns and rationale for grade appeal (attach additional documentation if needed):

Note: Completed appeal form MUST be received by the Executive Associate Dean of Educational Affairs within 1 week of Academic Stands Committee decision.
STUDENT SUBMITS COMPLETED LEVEL 3 FORM TO THE EXECUTIVE ASSOCIATE DEAN OF EDUCATIONAL AFFAIRS, THE SENIOR ASSOCIATE DEAN FOR MEDICAL STUDENT EDUCATION, AND IF AT A REGIONAL CAMPUS, THE CENTER DIRECTOR.

OFFICE USE ONLY

_____ *date received* — Appeal received by Executive Associate Dean of Educational Affairs (EAD) with detailed premise of third and final appeal within 1 week of receiving ASC decision. (The SADMSE will forward the Level 1 & 2 Appeal Forms with the Summary of Decision(s) and EAD should email the Registrar for a copy of the grade sheet).

_____ *date sent* — EAD submitted completed Level 3 form to SADMSE, who then notifies all other parties (student, the Registrar, Course/Clerkship Director and, if appropriate, the Center Director of the new grade or declination within 2 weeks of receiving the third appeal.

Check One: Approved ☐ Decline ☐
If Approved, a new grade is submitted.
If Decline, the decision of the EAD is final.

EAD Summary of Decision (attach additional documentation if needed):

_____	_____
EAD Name (Printed)	EAD Signature