

**Indiana University School of Medicine - Grade Appeal Process
Level 1 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 Course/Clerkship Director within 1 week of grade posting.

STUDENT SUBMITS COMPLETED LEVEL 1 FORM TO THE COURSE/CLERKSHIP DIRECTOR

OFFICE USE ONLY

_____ *date received* Appeal received by Course/Clerkship Director within 1 week of grade posting.

_____ *meeting date* Course/Clerkship Director met with the student via phone or in-person within 1 week of receipt of student written request to discuss the concerns.

_____ *date sent* Course/Clerkship Director notified the student and submitted completed Level 1 form to the SADMSE, who then notified the Registrar and, if appropriate, the Center Director, of the new grade or declination within 1 week of meeting of the Course Director's decision.

Check One: Approved Declined
 If Approved, a new grade is submitted.
 If Declined, the student may advance the grade appeal process to the next level (Level 2) if desired.

Course/Clerkship Director Summary of Decision (attach additional documentation if needed):

_____ *Course/Clerkship Director Name (Printed)*

_____ *Course/Clerkship Director Signature*