

**Indiana University School of Medicine – OSCE 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 the Senior Associate Dean for Medical Student Education (SADMSE) no later than 1 week of grade posting.
STUDENT SUBMITS COMPLETED LEVEL 1 FORM TO THE SADMSE**

OFFICE USE ONLY

_____ *date received* Appeal Received by SADMSE within 1 week of grade posting.

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

_____ *date sent* SADMSE notified the student and submitted completed Level 1 form to the Registrar and, if appropriate, the Center Director, of the new grade or declination within 2 weeks of meeting of the SADMSE's decision.

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

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

_____ **SADMSE Name (Printed)**

_____ **SADMSE Signature**