

**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

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

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

_____ SADMSE notified the student and submitted completed Level 1 form to the Registrar
date sent 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