

FOUNDATIONS GRADE APPEAL FORM

Submit completed form to UW School of Medicine Curriculum Office, foundedmed@uw.edu

Name: _____ Date: _____
Email: _____ Pager/Cell#: _____
Foundations Campus: _____ Block/FCM/Course: _____

Date of discussion with the Block, FMC, or Course director(s): _____

What is your desired outcome for this grade appeal?

Please explain in very specific detail your dispute with your final grade.

Explain in very specific detail your dispute with the grade challenge process.
(Attach additional page if needed)

The Grade Appeal Committees for Foundations and Clinical Phases will include about **10 faculty members** with member diversity for WWAMI representation and gender/ethnicity and **2 student representatives** who are students in good standing, and preferably one being a representative from the School of Medicine Honor council and second student who is a member of the Anti-Racism Action Committee.

I opt **NOT** to include student representatives

Signature: _____

I opt to include student representatives

Date Appeal Received _____

Date of Committee Meeting _____