

CLINICAL EVALUATION & GRADE CHALLENGE FORM

Submit completed form to the Department Clerkship Director

<https://www.uwmedicine.org/education/md-program/current-students/curriculum/clerkship-contacts>

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Email: \_\_\_\_\_ Pager/Cell#: \_\_\_\_\_  
Site: \_\_\_\_\_ Clerkship: \_\_\_\_\_ Qtr/Yr: \_\_\_\_\_

Have you discussed your concerns with the clerkship site director? \_\_\_\_\_

If so, when? \_\_\_\_\_

Department Signature: \_\_\_\_\_

Which are you challenging: (Check all that apply)

I request more information about my grade and do not want to move to a formal challenge at this time

Clinical evaluation comments or other concern related to clinical evaluation

Grade

Please explain in specific detail your dispute with the comments on your final grade form or other concerns related to clinical evaluation comments. (Attach additional page if needed)

Explain in specific detail your dispute with this grade. (Attach additional page if needed)

What is your desired outcome for this grade challenge?

Date Challenge Received \_\_\_\_\_ Meeting Date of Challenge \_\_\_\_\_

Date Challenge decision forwarded to student \_\_\_\_\_

CLINICAL EVALUATION & GRADE CHALLENGE FORM