

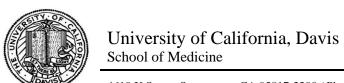
University of California, Davis School of Medicine

4610 X Street, Sacramento CA 95817-2200 / Phone: (916) 734-1838 / Fax: (916) 734-2178

To be completed by the student submitting the appeal. E-mail completed form and attachments (if any) to Course IOR(s), Course Manager(s) and to CSP staff person (<u>trobertson@ucdavis.edu</u>).

Student Name:	Date of Submission:	
Course Name:	Course IOR(s):	
Reason for requesting grade appeal (please reference Grade Ap	opeal Policy grounds for appeal, see footnote):	
To Be Completed By Course IOR(s). E-mail completed form and attachments (if any) to Student, Course Manager(s) and to CSP staff person (trobertson@ucdavis.edu).		
Appeal Granted: Grade Changed From to	Appeal Denied:	
Written report/paragraph from IOR(s) addressing decision on appeal and the process used to make the determination (e.g. course committee, IOR decision, etc.)		
Date student notified:		

^{*} Process for Grade Appeals is on the Medical Student Policies website (Student Progress tab, Subcategory: Committee on Student Promotions): http://www.ucdmc.ucdavis.edu/mdprogram/medicalstudentpolicies/student_progress.html



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To be completed by the student if student wants to appeal to CSP. E-mail completed form and attachments (if any) to Course IOR(s), Course Manager(s) and CSP staff person (trobertson@ucdavis.edu).

Date appeal submitted:	_
*1 Rationale for appeal (see footnote):	
Appeal Granted: Grade Changed From to _	Appeal Denied:
Grade Changed From to _	Арреа Demeu. 🗖
Date student notified:	

¹ Rationale for appeal (any additional information beyond what is already listed above): Please address which basis, in Step 2, #1, of the Grade Appeal policy, you wish the Committee to consider.

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