UCDAVIS HEALTH
Office of Medical Education
4610 X Street, Suite 4202
Sacramento, CA 95817 health.ucdavis.edu/mdprogram/

Grade Appeal Petition
Committee on Student Promotions (CSP)

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 (SOMCSP@health.ucdavis.edu).

Student Name: _____	Date of Submission: _____
Course Name: _____	Course IOR(s): _____
Reason for requesting grade appeal (please reference Grade Appeal 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 (SOMCSP@health.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.)	

* Process for Grade Appeals is on the Medical Student Policies website (Student Progress tab, Subcategory: Committee on Student Promotions): *https://health.ucdavis.edu/mdprogram-polices/student-affairs/grade-appeal.html*

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Committee on Student Promotions (CSP)

Date student notified: _____

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 (SOMCSP@health.ucdavis.edu).

Date appeal submitted: _____

*[1] Rationale for appeal (see footnote):

Appeal Granted: ☐ Grade Changed From _____ to _____ Appeal Denied: ☐

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.

* Process for Grade Appeals is on the Medical Student Policies website (Student Progress tab, Subcategory: Committee on Student Promotions): *https://health.ucdavis.edu/mdprogram-polices/student-affairs/grade-appeal.html*