



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 (trobertson@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 (trobertson@ucdavis.edu).

Appeal Granted: <input type="checkbox"/>	Grade Changed From _____ to _____	Appeal Denied: <input type="checkbox"/>
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



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 (troberson@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.