



# University of California, Davis School of Medicine

## *Grade Appeal Petition*

4610 X Street, Sacramento CA 95817-2200 / Phone: (916) 734-4117 / Fax: (916) 734-2178

**To be completed by the student** submitting the appeal. Email completed form and attachments (if any) to Course IOR(s), Course Manager(s) and to CSP staff person ([carol.harper@ucdmc.ucdavis.edu](mailto:carol.harper@ucdmc.ucdavis.edu)).

To Be Completed By Course IOR(S). Email completed form and attachments (if any) to Student, Course Manager(s) and to CSP staff person ([carol.harper@ucdmc.ucdavis.edu](mailto:carol.harper@ucdmc.ucdavis.edu)).

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

\* 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](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. Email completed form and attachments (if any) to Course IOR(s), Course Manager(s) and CSP staff person ([carol.harper@ucdmc.ucdavis.edu](mailto:carol.harper@ucdmc.ucdavis.edu)).

Date appeal submitted: \_\_\_\_\_

\*<sup>1</sup> Rationale for appeal (see footnote): \_\_\_\_\_

Appeal Granted:  Grade Changed From \_\_\_\_\_ to \_\_\_\_\_

Appeal Denied:

Date student notified: \_\_\_\_\_

<sup>1</sup> 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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