



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).

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). Email completed form and attachments (if any) to Student, Course Manager(s) and to CSP staff person (carol.harper@ucdmc.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. Email completed form and attachments (if any) to Course IOR(s), Course Manager(s) and CSP staff person (carol.harper@ucdmc.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.

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