

Oakland University William Beaumont School of Medicine
GRADE APPEAL to the ASSOCIATE DEAN for MEDICAL EDUCATION

** *The decision of the Associate Dean of Medical Education is final, and no further action can be taken.* **

Student's Name:

Course or Clerkship:

Semester/Year:

Date grade appeal to Assoc. Dean filed:

Instructions to Associate Dean for Medical Education: Upon receipt of the grade appeal, appoint an ad hoc review committee consisting of three (3) OUWB faculty members to consider the appeal. Faculty representatives must include one (1) from the department/program of the course or clerkship concerned. The committee shall consider all aspects of the appeal before making its recommendation. The committee shall make a written report with recommendations to the Associate Dean for Medical Education or designee within twenty (20) business days of the receipt of the "Grade Appeal to the Associate Dean for Medical Education" form.

The Associate Dean for Medical Education will render a decision in writing to the student within ten (10) business days of receiving the recommendation of the *ad hoc* committee and provide a copy to Records and Registration.

- I authorize a change in grade (Please complete grade change form)
- I do not authorize a change in grade

Comments:

Student's Signature: _____

Date: _____