

DIRECTOR'S RESPONSE TO REQUEST FOR GRADE APPEAL

Student's Name: _____

Course or Clerkship: _____

Semester/Year: Fall Winter **Year:** _____

Grade awarded:

Date grade appeal filed: _____

Instructions to director: Please consider the student's concerns, with attention to the accuracy of assessments, as well as whether the grade was assigned in a transparent, consistent and fair manner, based on faculty standards, as stated in the syllabus. Please provide your rationale for the determination made. If you and your faculty decide to change a grade, please indicate the rationale and what measures, if any, will be taken to ensure consistent and fair grading for all students in this and future courses/clerkships.

I authorize a change in grade (Please complete grade change form)

I do not authorize a change in grade

Comments:

Director's Signature: _____

Date: _____