



**DONALD AND BARBARA  
ZUCKER SCHOOL of MEDICINE  
AT HOFSTRA/NORTHWELL**

## **Grade Appeal Form**

Donald and Barbara Zucker School of Medicine  
at Hofstra/Northwell

Office of Curriculum Support

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Hempstead, NY 11549-5000

[SOMGradeAppeals@hofstra.edu](mailto:SOMGradeAppeals@hofstra.edu)

[Grade Appeal Policy](#)

### **Section A: To Be Completed by Student**

Date: \_\_\_\_\_

Student Name (Last, First): \_\_\_\_\_

Student ID Number (700#): \_\_\_\_\_

Class Level:

Graduating Year:

Clerkship:

Grade Component:

If other, please indicate:

The criteria for grade appeals are: suggestion of bias, malice, calculation/other error, environment inhospitable to learning, or suggestion of mistreatment. Please include your reasoning for appeal below based on the criteria listed.

\*If appealing your Clinical Skills exam grade, complete Section B on the next page in order to submit.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Section B: To Be Completed Only by Those Students Appealing Their Clinical Skills Exam**

I acknowledge that I have been informed, per the official appeals process, that my entire Clinical Skills Exam will be rescored if the exam meets criteria for advancement in the appeals process. I understand that the outcome of this rescore will determine my final Clinical Skills Exam grade. Thus, my current grade may go up, go down, or remain the same. I understand that there are no additional opportunities for appeal following this rescore.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Section C: To Be Completed by the Grade Appeal Committee**

Following an initial review by the Grade Appeal Committee, it has been determined that:

your appeal does not satisfy the criteria established by the School of Medicine and therefore your grade will stand. Thus, the matter of this grade appeal is considered closed at this time.

your appeal meets the criteria established by the School of Medicine and will be sent on for review by the appropriate Course/Program/Clerkship/Clinical Skills/AI Director.

Explanation provided for appeals that are rejected by the Grade Appeal Committee for advancement:

Explanation of process for appeals that are advanced by the Grade Appeal Committee:

**Section D: To Be Completed by Course/Program/Clinical Skills/Clerkship/AI Director**

Date: \_\_\_\_\_

Faculty Name (Last, First): \_\_\_\_\_

Date and time of meeting (if applicable): \_\_\_\_\_

Summary of evidence and conclusions:

☐ Grade upheld

☐ Recommending the \_\_\_\_\_ grade change from: \_\_\_\_\_ to: \_\_\_\_\_  
*Please list component when applicable*

Faculty signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Section E: To Be Completed by Student (Only After Section D) if Proceeding with Appeal**

After review of the grade appeal outcome, I wish to proceed with this appeal for review by the Senior Associate Dean. I am including my reasoning for proceeding with the grade appeal as well as any additional comments:

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Section F: To Be Completed by the Senior Associate Dean**

Following a review of the evidence provided, the Senior Associate Dean has determined it is:  
unnecessary to take action, allowing the Grade Appeal Committee's decision to stand.

necessary to modify the decision of the Grade Appeal Committee and have summarized my findings below:

necessary to empanel an ad hoc committee and have summarized findings below:

Based on these findings, I have made the following final decision:

Grade upheld

Recommending the \_\_\_\_\_ grade change from: \_\_\_\_\_ to: \_\_\_\_\_

*Please list component when applicable*

Senior Associate

Dean's Signature: \_\_\_\_\_ Date: \_\_\_\_\_