



**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

[Grade Appeal Policy](#)

Section A: To Be Completed by Student

Date: _____

Student Name (Last, First): _____

Student ID Number (700#): _____

Class Level: _____ Graduating Year: _____

Course/Clerkship/AI Title: _____

Reason for appeal and summary of evidence (if applicable):

Student Signature: _____ Date: _____

Section B: To Be Completed by the Grade Appeal Review Committee

Following an initial review by the Grade Appeals 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.

Additional comments (if applicable):

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

Date: _____

Faculty Name (Last, First): _____

Date and time of meeting: _____

Summary of discussion and evidence presented (if applicable):

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

Following my discussion with the Course/Program/Clerkship/AI Director and their completion of Section C, I am including additional comments and wish to proceed with this appeal, for review by the Dean:

Student Signature: _____ Date: _____

Section F: To Be Completed by the Dean

Following a review of the evidence provided, I have determined it is:

__ necessary to empanel an ad hoc committee, whose findings are summarized below:

__ unnecessary to empanel an ad hoc committee and have summarized my 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

Deans Signature: _____ Date: _____