



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

First 100 Weeks Grade Appeal Form

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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 Title: _____ Assessment Component: _____

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

Student Signature: _____ Date: _____

Section B: To Be Completed by Course/Clerkship Director

Date: _____

Faculty Name (Last, First): _____

Date and time of meeting: _____

Summary of discussion and evidence presented (if applicable):

- Grade upheld
- Grade changed to: _____

Faculty signature: _____ Date: _____

Section C: To Be Completed by Student (Only After Section B) if Proceeding with Appeal

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

Student Signature: _____ Date: _____

Section D: To Be Completed by the Vice Dean

Following a review of the evidence provided, the Vice Dean has determined it is:

unnecessary to take action, allowing the Course Director's decision to stand

necessary to modify the decision of the Course Director 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 decision:

Grade upheld Recommending the grade change from: to

Vice Dean's Signature:

Date: