



**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  
500 Hofstra University  
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. Please be specific and include the reasoning behind why you believe there is a calculation/other error, bias, and/or malice. If appealing your Clinical Skills exam grade, also 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 Course/Clerkship Directors**

Following a review by the Course/Clerkship Director it has been determined that:

Your grade will stand. Supporting summary/evidence is included below:

Your grade will be changed. Supporting summary/evidence is included below:

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

Clerkship Director:

Date:

**Section D: To Be Completed by Student (Only After Section C) 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 E: 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/Clerkship Director's decision to stand:

necessary to modify the decision of the Course/Clerkship Director and have summarized findings below:

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

Based on these findings, the following final decision has been made:

Grade upheld

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

*Please list component when applicable*

Vice Dean's

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