



**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
[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 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: _____

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: _____