



Office of the Registrar

Grade Appeal Form

Student should complete boxes 1 – 3 and submit to the Course Director

Student: _____ Course: _____ Date: _____
Original grade issued which is being appealed: _____ Final/Interim: _____ Grade issued by: _____

Indicate those with whom you worked on this rotation: _____ Course Director: _____ Attending(s): _____ Resident(s): _____ Please state concisely the basis for your appeal and request for grade review: _____ _____ _____ _____ _____
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For Course Director use:

<p>Resolution — Please indicate meetings/calls with student and/or faculty concerned, your decision regarding the appeal and means of communicating the decision to the student. Return this completed form to the Registrar, Box 8021, wusmregistrar@wustl.edu, or fax 314-362-4658:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Signature/Date: _____</p>
