Grade Dispute Form

Complete the following form indicating specifically the section that corresponds to the grade component that you wish to have reviewed. Grade components are: clinical performance evaluations, timely completion of professional responsibilities, the NBME subject examination (shelf exam), and the clinical reasoning essay exam.

Submit the completed form to:
Rachel Sprovtsoff, OBGYN Clerkship Coordinator
Dept of Ob/Gyn, University of Michigan
L3616 Women's Hospital
1500 East Medical Center Drive
Ann Arbor, MI 48109
(734) 615-6995 (phone)
(734) 232-6020 (fax)
rsprovts@med.umich.edu

The Obstetrics and Gynecology clerkship director will review your request and respond to your concern after reviewing your evaluations again.

Name: __________________________________________
Date: ____________________
Email: __________________________________________ Pager/Cell#: __________________
Site: ____________________________________
Clerkship Period: _________

1. What do hope to accomplish from this meeting?

2. Please explain in very specific detail your dispute with this evaluation. Working hard or putting in long hours is not sufficient to receive Honors or High Pass.

3. What do you propose to be done about your concerns?

I have read and understand the grading policy and FAQ.

_____________________________________________ _____________________
Signature        Date