**Grade Dispute Form**

Name: Date:

Email: Pager/Cell#:

Site: Clerkship Period:

Please complete the following form indicating specifically the section that corresponds to the grade component that you wish to have reviewed. Once completed, please contact the clerkship coordinator to schedule a meeting with the clerkship director who will review your request and respond to your concern after reviewing your evaluations again.

1. **What do you hope to accomplish in 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?**

**Submit the completed form to:**

Andre Gardette, 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) | agardet@med.umich.edu

I have read and understand the grading policy and FAQ.

Signature: Date: