

Northeast Ohio Medical University  
College of Medicine  
**Grade Dispute Waiver Form**

Northeast Ohio Medical University College of Medicine adheres to the academic policies outlined in the *NEOMED Compass*.

**Grade Disputes and Waivers:**

The College of Medicine recognizes that, at times, a student may believe that a Final Grade has been unfairly assigned and may want to dispute the grade. Grade disputes may only be filed when a student contends that a Final Grade in a course as assigned by the Course Director is arbitrary or capricious, is done with prejudice or is assigned in error. A Grade Dispute is not intended for use because a student disagrees with the Course Director's judgement about the quality of the student's work. Students who wish to dispute a Final Grade in a course must follow the steps outlined in the *NEOMED Compass*.

The Phase 2 Committee on Academic and Professional Progress (CAPP 2) evaluates the records of students on the basis of CAPP 2 Academic Guidelines and enforces specific guidelines for academic advancement. In the event a student's failure in a course triggers an invitation to the Phase 2 Committee on Academic and Professional Progress (hereinafter referred to as CAPP 2), the student will be scheduled for the next meeting of CAPP 2. If the meeting of CAPP 2 falls within the Grade Dispute period, a student may waive his/her right to dispute the Final Grade by completing and submitting a Grade Dispute Waiver Form, thus accepting the Final Grade as it was originally posted. The Grade Dispute Waiver must be received no later than three (3) days prior to the scheduled meeting of CAPP 2.

**Northeast Ohio Medical University ~ College of Medicine  
GRADE DISPUTE WAIVER FORM**

Name:	Student Number:
Email:	
Course Number:	Course Name:
Course Director:	
Semester & Year Taken:	Final Grade Received:
Date Final Grade Posted:	Date of Scheduled CAPP 2 Review:

My signature on this form is an indication of my intent to waive my right to dispute the Final Grade assigned to me, as specified above. I accept the Final Grade as originally assigned, and I acknowledge that this is an irrevocable decision.

\_\_\_\_\_

Student Signature

\_\_\_\_\_

Date

Accepted by:

\_\_\_\_\_

Associate Dean of Medical Education

\_\_\_\_\_

Date

Date forward to CAPP 2: \_\_\_\_\_

**Submit the completed form to the  
Associate Dean of Medical Education at: [rpalmer@neomed.edu](mailto:rpalmer@neomed.edu)  
no later than three (3) days prior to the scheduled CAPP 2 meeting.**