UNIVERSITY OF COLORADO SCHOOL OF MEDICINE

MEDICAL STUDENT FINAL GRADE FORM

Date:

STUDENT NAME: MS I [ ] MS II [ ] MS III [ ] MS IV [x]

SEMESTER: DATES OF CONTACT:

COURSE TITLE: COURSE NUMBER: SECTION:

Please provide the student’s performance in the assessment categories required in your course and enter a grade for each.

<table>
<thead>
<tr>
<th>ASSESSMENT CATEGORIES</th>
<th>GRADE</th>
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</thead>
<tbody>
<tr>
<td>I. CLINICAL EVALUATION FORMS</td>
<td>FINAL GRADE (I/IP/Pass/High Pass/Honors)</td>
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</tbody>
</table>

Please include representative preceptor comments. These comments become part of the student’s permanent record. All comments should be identified by the name and relationship of the author (i.e., attending, resident, intern, nurse). PLEASE TYPE OR PRINT CLEARLY. Multiple pages can be added for comments.

Comments intended for the Medical Student Performance Evaluation (MSPE or Dean’s Letter) from attending or residents who worked with the student included:

Resident:

Attending:

Fellow:

Other comments intended to provide further feedback to the student included:

XXXXXXXXXX – Student Program Director