

 <p>BROWN Alpert Medical School</p>	<p>Non-LCME Standard Policies Relating to the General Operation of AMS</p>	<p>POLICY NO.: 13-00, includes: Policy No.: 13-00 Policy No.: 13-01 Policy No.: 13-02 Policy No.: 13-03 Policy No.: 13-04 Policy No.: 13-05 Policy No.: 13-06 Policy No.: 13-07 Policy No.: 13-09 Policy No.: 13-10 Policy No.: 13-11 Policy No.: 13-12 Policy No.: 13-13 Policy No.: 13-14 Policy No.: 13-15 Policy No.: 13-16 Policy No.: 13-17 Policy No.: 13-18</p> <hr/> <p>Effective Date: July 1, 2019</p>
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1.0 Policy Purpose

The purpose of this policy is to govern other policies in place of The Warren Alpert Medical School of Brown University (AMS) which do not correspond to Liaison Committee on Medical Education (LCME) Standards but are central to the management and operation of AMS. The policies contained in this policy document relate to the following:

- Clinical Elective Policy on Absences
- Clinical Elective Supervision of AMS Students in Other Nations
- Timeliness of Course Evaluations
- Narrative Component Evaluations
- Academic Scholars Program Clinical Component
- Release of Evaluations
- Passing Determination of NBME Shelf Exam
- Exam Tardiness
- International Courses
- Course and Clerkship Grades
- Medical Student Performance Evaluation (MSPE)
- Withdrawal/Dismissal from AMS
- Educational Objectives and Guidelines for Approving a Sub-internship
- Add/Drop Policy
- Step 1 Pass Timeline
- Policy for Surgery Elective Credit
- Master's of Medical Science Degree

Such policies are in place to ensure proper policies are in place to provide guidance and procedures for specific issues relating to AMS community members. These policies do not directly correspond to LCME Standards.

2.0 To Whom the Policy Applies

All AMS community members.

3.0 Policy Statement

3.1 Clinical Elective Policy on Absences (Policy No. 13-01)

The AMS policy for absences during clinical electives is that the student must request any excused absences for residency interviews or major life events (such as death in the family, birth in the family, wedding of immediate relative, personal illness, and mandatory jury duty) from the course leader. Although electives vary in duration, no more than 20% of the elective can be excused (for example, the equivalent of four (4) days over a typical four-week elective). If additional time off is requested, the course leader should work with the student to develop a revised educational plan for the elective. At the discretion of the course leader, any missed days are able to be made up on the course leader's schedule.

At the discretion of the course leader, missed days can be made up on a schedule as determined by the course leader or, if that is not possible, the student may receive reduced credit for the elective. If a student does not complete the plan for missed days by the time grades are due, the student will receive a grade of Incomplete (I). This can be changed after the student completes the make-up work designated by the course leader. If the student does not complete the plan for missed days within one (1) year or by April 1st of the graduating year for Year 4 students, the student will receive no credit (NC) for that elective.

If the elective does not allow time off for residency interviews, this should be stated in the course description. A student should discuss future excusable absences with the course leader as soon as the student is aware of their need for excused time. The student should contact the Office of Medical Education and/or Office of Student Affairs for guidance in planning the student's schedule to minimize the chance of these issues arising during an elective.

3.2 Clinical Elective Supervision of AMS Students in Other Nations (Policy No. 13-02)

When a medical student wishes to take an away clinical elective in another nation, it is imperative that the student be supervised and mentored by AMS faculty member or by a faculty member whose institution has an appropriate association (Memorandum of Understanding [MOU]) with AMS. If the clinical elective is at a hospital or medical school in another nation that does not have a current and ongoing relationship (MOU) with AMS, then:

1. When treating patients, the student will be directly supervised by an AMS faculty member in a similar manner to what is expected at AMS and other accredited US medical schools.
2. Students participating in preexisting clinical electives in other nations that are offered through another accredited US medical school will be directly supervised by that US medical school's faculty in a similar manner to what is expected at AMS and other accredited US medical schools.
3. A Brown medical student will not be displacing a native medical student from that clinical rotation or using resources not available to the native medical student.

3.3 Timeliness of Course Evaluations (Policy No. 13-03)

Students who do not complete their course evaluations on time (after receiving a warning one week prior to the due date) will receive a professionalism form. Students who receive a professionalism form for this reason will not be able to complete their course evaluations, but will be able to view their own evaluations/grades.

3.4 Narrative Component Evaluations (Policy No. 13-04)

In all courses in which student-teacher interactions permit (i.e. all clinical courses, including Doctoring, clerkships and clinical electives; basic science courses with at least five (5) small groups), a narrative component for student performance will be submitted as part of a final evaluation in addition to quantitative ratings.

3.5 Academic Scholars Program Clinical Component (Policy No. 13-05)

Students who are enrolled in the Academic Scholars Program (ASP), regardless of their year, are required to complete a clinical component as part of the program. This clinical component should be discussed with the student's ASP mentor, the Associate Dean for Student Affairs, or the Associate Dean for Medical Education. No additional tuition charge will be assessed, and no additional clinical credit will be given.

3.6 Release of Evaluations to Faculty (Policy No. 13-06)

To preserve medical student anonymity, any faculty or course evaluation submitted by students will be withheld from release within OASIS until three (3) or more evaluations of the same form have been submitted. If more than three (3) evaluations of the same form are submitted within the same academic year, these evaluations will be available **upon request by the faculty member**. Otherwise, evaluations will only be released once three (3) evaluations of the same form have been submitted across academic years or after a period of five (5) years. Reports will be provided to the Brown Medical School Faculty Administration (BMFA) or individual departments upon request, noting that if less than three (3) evaluations have been submitted, these are not to be released to the faculty member.

3.7 Passing Determination of NBME Shelf Exam (Policy No. 13-07)

The passing determination for an NBME subject "shelf" exam is based on the criteria used in the academic year the student completed the exam, *regardless of when the clerkship rotation was completed*. Passing criteria is defined as scoring at or above the equated percent correct score for the fifth percentile (5%), based on the most recent available academic year's norms. Norms are derived from examinees from LCME-accredited medical schools who completed the exam for the first time during that year.

3.8 Exam Tardiness (Policy No. 13-09)

If a student arrives at the exam room (including OSCE) after the official start of the exam, a professionalism form will be issued, unless there is an extenuating circumstance communicated in advance to the appropriate curriculum director (Assistant Deans for Medical Education – Years 1 and 2, Associate Dean for Medical Education – Year 3). If a student is more than 10 minutes late, the student may not be allowed to sit for the exam. Students will be asked to go to the Office of Medical Education and wait for one of the curriculum directors to make a decision about beginning

the exam. This policy applies to all examinations including remediation exams, make-up exams, exams taken with standard timing, and exams taken with approved accommodations.

Note: Students who do not take the exam as scheduled will then work with the Office of Medical Education on a make-up date for the exam, to be taken at the discretion of OME.

3.9 International Courses (Policy No. 13-10)

Any international course must be enrolled at least three (3) months beforehand. Each course is by permission only. When the Student Records Coordinator or Visiting Student Program Coordinator enrolls a student in one of these courses, they will let the student know they have one week to register their travel with the University. If the student fails to do so, they will be unenrolled from the course.

3.10 Course and Clerkship Grades (Policy No. 13-11)

The Director(s) of the Year 1, Year 2, and Years 3 and 4 curricula along with the course leader(s), the Clerkship Director(s), the Sub-internship Directors, or the Clinical Elective Directors are responsible for determining how students are evaluated and how grades are assigned. Students who believe that an assigned grade or evaluation is not an accurate reflection of their performance should address this with the Director(s) of the Curriculum for the appropriate year and the Course Leader(s), Clerkship Director(s), Sub-internship Directors, or Clinical Elective Directors as a first discussion. If students wish to appeal their grade or evaluation beyond this first step, they may submit their appeal within one (1) month of the grade or evaluation being posted to the “Grades and Records Appeal Committee”, a sub-committee of the Medical Committee on Academic Standing and Professionalism. This committee will hear a student’s appeal and offer final judgement on whether a grade or evaluation change is warranted. The decision of this Committee is final.

3.11 Medical Student Performance Evaluation (MSPE) (Policy No. 13-12)

The Medical Student Performance Evaluation (MSPE) is a composite evaluation from the medical school for medical students applying to postgraduate (residency) training programs and is aligned as closely as possible with the guidelines laid out by the AAMC. The content for the MSPE is drafted by a member of the AMS Assessment and Evaluation team. Each MSPE draft is reviewed in its entirety by the Associate Dean for Student Affairs, who also composes the summary paragraph and works with each student to compose the noteworthy characteristics. Narrative comments from clerkship, elective, and sub-internship evaluations are edited for length, grammar, and redundancy, but not for content; any changes to content must be approved by the appropriate course director. If a student prefers that a different member of the administrative team compose their MSPE, they have the option to request that the Associate Dean for Diversity and Multicultural Affairs do so. Students are permitted to review the MSPE for accuracy prior to its submission for their residency application. If a student believes that these comments are not an accurate reflection of their performance, they may discuss it with the Associate Dean for Student Affairs.

3.12 Withdrawal/Dismissal from AMS (Policy No. 13-13)

Withdrawal. A student may withdraw from the medical school at any point prior to a decision by the Dean of Medicine and Biological Sciences about a student’s dismissal (see below, Appeal of Decision to Dismiss). Once a decision by the Dean has been issued, no withdrawal option will be available.

Withdrawal from the medical school requires a written request by the medical student to be approved by the MCASP. In certain circumstances (for example, in instances of unprofessional behavior), the MCASP may vote to not allow withdrawal and the dismissal process will proceed.

Appeal of Decision to Dismiss. The student may initiate an appeal of an MCASP decision to dismiss by filing a letter, within 72 hours of receiving written notification of the Committee's decision, to the Dean of Medicine and Biological Sciences, requesting reconsideration of the decision. [Note: MCASP decisions to place students on Academic Warning or Academic Probation, or receipt of a Professionalism Warning or Professionalism Citation may not be appealed]. The letter should include a statement of the basis for the request and any documents in support of the student's request. The Dean may, at their discretion, meet with the student regarding the appeal, and either (1) reconsider the matter, (2) convene an ad hoc committee of at least three members to review the appeal and issue (this committee will be comprised of individuals who did not hear the original dismissal case), or (3) sustain the decision of the MCASP.

If the matter is referred to an ad hoc committee, the committee will review the appeal and transmit its recommendations to the Dean. The Dean will, either through reconsideration or through reconsideration and recommendation by the ad hoc committee, review the appeal in a manner they determine is appropriate under the circumstances. Upon appeal, the Dean may then sustain, modify, or reverse the original MCASP decision. The decision of the Dean is final.

3.13 Educational Objectives and Guidelines for Approving a Sub-internship (Policy No. 13-14)

The general purpose of a sub-internship is to immerse the student in a simulation of the experiences of a first-year trainee, thereby promoting the development of clinical skills, organizational abilities, the capacity to work as part of a medical care team, and an approach to integrating the demands of residency with the student's personal life. All of this is intended to help ensure a successful start of postgraduate training.

A sub-internship should also provide the student with an opportunity to:

- Enhance the communication skills so critical to medical care, including direct communication with patients and families, documentation skills, verbal and written communication with other physicians including sign out/patient handoffs, communication with non-physician team members, and participation in discharge planning.
- Advance his or her knowledge of disorders that are common in his or her chosen specialty.
- Further develop patient management skills, including the ability to perform routine but important procedures.
- Enhance the skills associated with life-long learning and the practice of evidence-based medicine (reading and interpreting the medical literature, medical informatics, etc.).

To achieve the above educational goals, a sub-internship should have the following characteristics:

- If done at a Brown-affiliated hospital, it should be supervised by a Brown faculty member based in a clinical department of The Warren Alpert Medical School. This faculty member will take responsibility for evaluating students in the sub-internship and for evaluation of the sub-internship itself. While this individual need not be the person responsible for the clinical service in which the sub-intern participates, the

sponsor should meet with the sub-intern on a regular basis (minimum being weekly) during the rotation.

- For sub-internships done away, there must be a designated faculty member who assumes responsibility for evaluating the student. In order for an away rotation to meet criteria for a sub-internship at AMS, the previously approved sub-internship checklist must be completed.
- The student's role should be defined in such a way that he, she or they fulfill the role of a first-year trainee in the specialty. That is, patients assigned to the sub-intern should not also be assigned to a first-year trainee in the specialty. Furthermore, sub-internship experiences will be confined to rotations in which first-year trainees in the specialty participate.
- The student should be expected to assume the on-call responsibilities of a first-year trainee in the specialty.
- The educational goals and plan for the sub-internship should fulfill the requirements for certification of a minimum of three (3) competencies, as defined by the [Nine Abilities](#).

Additional requirements for a sub-internship include the following:

- The related AMS core clerkship(s) must be successfully completed prior to the sub-internship.
- Students must be assigned for a period of 4-weeks to inpatient clinical services or, with specific sub-internships, hospital based clinical care where students have direct patient care responsibilities (not a consultant).
- The sub-internship must be a hospital-based experience at a Brown-affiliated institution or at an institution affiliated with an accredited U.S. or Canadian Medical School. In the case of away sub-internships, the rotation must fulfill the sub-internship requirements at our institution.
- A new sub-internship must be considered and approved by the Medical Curriculum Committee prior to enrollment of any students. Away sub-internships will be considered on a case-by-case basis and approved if they are in accordance with the completed away sub-internship checklist.

Away Sub-internships

In all cases, those who offer an away rotation must be able to assure the MCC that students would be functioning in an inpatient service role equivalent to the role that would be filled by a first-year resident. Course leaders who lead an away sub-internship will be asked to complete a checklist that details the criteria or major components of the sub-internship at our Medical School.

AMS Clinical Courses that do not meet the Sub-internship Requirements

The Curriculum Committee has discussed examples of rotations that would not fulfill the requirements for a sub-internship. The main example that was discussed was an ophthalmology rotation. Such a rotation does not include first-year residents, and continuity of inpatient care would be an unlikely feature. Thus, the consultative nature of the rotation and the lack of a transitional first-year residency were characteristics that would be applicable to other proposals that would not

be approved by the Curriculum Committee.

3.14 Add/Drop Policy (Policy No. 13-15)

Students may ask for a waiver to the 30-day add/drop policy. This will apply to all course electives including Independent Study electives. This request should be made to the Associate Dean for Student Affairs. These requests will be considered for the following reasons:

1. Documented late notice of an away elective (a forwarded email from the away elective must be provided, and the email must be dated within the 30-day add/drop period).
2. Illness or major life event (such as a death in immediate family, or other major illness).
3. Consideration of a change in specialty career choice during fourth year (e.g. switching from Internal Medicine to Pediatrics).
4. Recommendation from AMS career development team, Mary B. Arnold mentor, or Dean to continue studying for licensing examination (requires submission of NBME practice exam report).

If documentation for No. 1 is provided and approval is obtained from the Associate Dean for Student Affairs, the AMS Records and Registration office will notify the elective course leader, and the student will be allowed to withdraw from an elective within the 30-day window. For No. 2, No. 3 and No. 4, decisions around adding or dropping a course within the restricted 30-day window will be approved by the Associate Dean for Student Affairs in consultation with the Student Support Committee (comprised of representation from the Offices of Medical Education, Student Affairs, and Diversity and Multicultural Affairs), as necessary.

If a student meets any of the above four (4) criteria, receives formal approval from the Associate Dean for Student Affairs, and there is an available opening in the course, the student will be allowed to add an elective (including Independent Study) within the 30-day window pending permission of the course leader. AMS Records and Registration will notify the course leaders regarding dropping an elective, and request the addition of an elective at the course leader's discretion.

Some clinical rotations have a longer restricted add/drop period (e.g. 60 days). Students should review this information in OASIS prior to signing up for the course but at least prior to submitting an add/drop request.

3.15 Step 1 Pass Timeline (Policy No. 13-16)

Students must take and pass USMLE Step 1 examination within six (6) months of the end of Year 3 (November 1st of Year 4). A student may request an extension of this six-month deadline, prior to its expiry, by writing to the Senior Associate Dean for Medical Education, who will approve or reject the request. If the student does not pass the exam, the student will not be permitted to continue with Year 4 rotations and must pursue time away from medical school until they have done so. Medical students may not take the USMLE Step 1 examination until they have successfully completed all Year 1 and Year 2 courses. All students are strongly encouraged to take Step 1 prior to beginning Clerkships. Students will be permitted to take the Step 1 examination no more than three (3) times. Failure to pass the examination after a third attempt will lead to dismissal from AMS; dismissal can be appealed to the MCASP (See Policy No. 03-05.02, subsection 3.3.2.1 and Section of V of Student Handbook).

3.16 Policy for Surgery Elective Credit (Policy No. 13-17)

The following criteria are utilized in determining if clinical electives qualify for fulfilling the criteria of 6 weeks of surgical electives. As the objective is to educate students on the clinical spectrum of surgical disease, the elective should focus on the clinical care of the surgical patient including evaluation of the patient's need for surgical care, or care of the patient operatively, or care of the patient post-operatively. Electives that typically qualify for surgery elective credit include at least one of the following criteria:

- 1) Any surgical rotation or rotation that has OR time (e.g. some Ob/Gyn electives)
- 2) Any rotation that falls under the department of surgery (e.g. Anesthesia)
- 3) Any rotation that involves the acute care of patients (e.g. Emergency medicine, Critical Care)
- 4) Any rotation that involves anatomic approach to disease (e.g. Diagnostic imaging/radiology, Pathology)

The medical school maintains a list of approved electives that meet these criteria and can be utilized for surgery elective credit. The list of approved electives can be located on the Records and Registration website. Away electives that meet AMS criteria for a surgical elective will count towards surgical elective credit. Based on information provided by students at time of registration of the away elective, Records and Registration will confirm surgical credit, in consultation with the Chair of the Subcommittee on Years 3 and 4.

3.17 Master's of Medical Science Degree (Policy No. 13-18)

Policy: Students who have successfully completed, at a minimum, the first year of medical school and are unable to meet the remaining requirements of their medical training due to personal, medical, or academic reasons, can be considered for a Master of Medical Science (MMS) Degree in lieu of their medical degree. All eligible students must have written approval from the Senior Associate Dean for Medical Education in order to be considered for this degree.

Criteria: In order to be considered for a MMS degree, the following requirements must be met:

- Successful completion of all curricular requirements for Year 1.
- Student has not previously received a Master of Medical Science (MMS) degree from any institution.
- Completion of a scholarly project commensurate with the Gateways Capstone Project or completion of academic paper that has been approved by the Senior Associate Dean for Medical Education.
- Good professionalism standing. Students who have received a professionalism citation or who have been dismissed from The Warren Alpert Medical School of Brown University (AMS) for professionalism reasons are not eligible for the MMS degree; students on professionalism warning can be considered for the MMS degree at the discretion of the Senior Associate Dean for Medical Education.

Process: Students who have voluntarily withdrawn from AMS, or who are dismissed for academic reasons, can appeal to the Senior Associate Dean for Medical Education to be considered for a MMS degree. Students must meet the outlined eligibility criteria and adhere to the agreed upon timeline for completing their scholarly project as determined by the Senior Associate Dean for Medical Education. Students who are approved for this degree must withdraw from AMS (if not dismissed) and re-enroll at the graduate school. If awarded a MMS degree, students are not able to utilize that same coursework in the reapplication process for any other medical school. Students who are eligible for the MMS are no longer enrolled as medical students and therefore not eligible for financial aid.

Following voluntary withdrawal or dismissal from AMS for academic reasons, eligible students must submit a request for consideration of a MMS degree to the Senior Associate Dean for Medical Education within 60 days of the effective withdrawal or dismissal date. Submissions beyond this deadline will not be considered.

Effective: July 1, 2021

4.0 Definitions

For the purpose of this policy, the terms below have the following definitions:

- 4.1 AAMC** Association of American Medical Colleges, a non-profit organization dedicated to advancing medical education.
- 4.2 AMS** The Warren Alpert Medical School of Brown University
- 4.3 APC** Administrative Policy Committee formulates and implements new policies relevant to AMS and its community members.
- 4.4 ASP** Academic Scholars Program, wherein students take a leave of absence from studies to pursue a scholarly research project.
- 4.5 Citation** Professionalism citation that is issued when egregious behavior is not corrected, or remediation plan is determined to be insufficient to MCASP. Follows a Warning.
- 4.6 LCME** Liaison Committee on Medical Education. The accrediting body of medical education programs leading to the MD degree in the US and Canada.
- 4.7 MCASP** Medical Committee on Academic Standing and Professionalism: this committee monitors students' progress, and approves students' promotion from one phase of the curriculum to the next, including cases of academic deficiency and ethical misconduct (both academic and professional). It recommends action, including warnings, probation, return to good academic standing, and dismissing students from the Medical School.
- 4.8 MCC** Medical Curriculum Committee (also 'Curriculum Committee') oversees the review of curricular content and integration, and evaluation of the medical education program to ensure continuous oversight of such program. (Formerly "MDCC.")
- 4.9 NBME** National Board of Medical Examiners: an organization that creates assessment tools to assist medical school educators in measuring student knowledge and providing actionable feedback.
- 4.10 OASIS** Registration and evaluation system designed specifically for medical student information into which student evaluations and grades are submitted electronically. It is also used for student, resident, and faculty attestations.
- 4.11 OME** Office of Medical Education
- 4.12 OSA** Office of Student Affairs
- 4.13 OSCE** Objective Structured Clinical Examinations

- 4.14 Shelf Exam** NBME-designed, subject-based, standardized exams that evaluate student’s knowledge in the core clerkships: internal medicine, family medicine, surgery, pediatrics, obstetrics and gynecology, CNS (psychiatry and neurology).
- 4.15 USMLE** United States Medical Licensing Examination is a three-step examination for medical licensure in the United States.
- 4.16 Warning:** Issued if a student demonstrates lapse(s), repeated, and/or pervasive behavior in professional conduct. Precedes Citation.

5.0 Responsibilities

All individuals to whom this policy applies are responsible for becoming familiar with and following this policy. University supervisors are responsible for promoting the understanding of this policy and for taking appropriate steps to help ensure compliance with it.

6.0 Consequences for Violating this Policy

Failure to comply with this and related policies is subject to disciplinary action, up to and including suspension without pay, or termination of employment or association with the University, in accordance with applicable (e.g., staff, faculty, student) disciplinary procedures.

Brown’s Ethics and Compliance Reporting System allows anonymous and confidential reporting on matters of concern, including privacy issues, through the EthicsPoint platform.

Failure to comply with this policy will be referred to either the COLE executive committee or the Medical Curriculum Committee.

7.0 Related Information

The following information complements and supplements this document. The information is intended to help explain this policy and is not an all-inclusive list of policies, procedures, laws and requirements.

7.1 Related Forms:

n/a

7.2 Other Related information:

n/a

8.0 Policy Owner and Contact(s)

8.1 Policy Owners: Administrative Policy Committee, Medical Curriculum Committee (as appropriate, see 8.2).

8.2 Policy Approved by: See below for the dates of when the Administrative Policy Committee and/or Medical Curriculum Committee last approved the policy.

13-01	January 20, 2016 (MCC)	13-10	June 23, 2021 (MCC)
13-02	January 18, 2017 (MCC)	13-11	November 10, 2021 (MCC)

13-03	April 10, 2019 (MCC)		13-12	November 10, 2021 (MCC)
13-04	April 10, 2019 (MCC)		13-13	June 23, 2021 (MCC)
13-05	April 15, 2020 (MCC)		13-14	August 11, 2021 (MCC)
13-06	June 17, 2020 (MCC)		13-15	August 17, 2022 (MCC)
13-07	February 17, 2021 (MCC)		13-16	November 10, 2021 (MCC)
13-08	February 17, 2021 (MCC)		13-17	September 22, 2021 (MCC)
13-09	June 23, 2021 (MCC)		13-18	October 19, 2022 (MCC)

8.3 Subject Matter Contact: Administrative Policy Committee (Drs. Roxanne Vrees and/or Sarita Warrier), Co-chair of Medical Curriculum Committee (Dr. Jeff Borkan)

9.0 Policy History

9.1 Policy Effective Date: April 10, 2019 (Policy No. 09-05); July 1, 2019 (for Policy No. 09-01, Policy No. 09-02, Policy No. 09-03, Policy No. 09-07); May 2020 (Policy No. 13-13); August 2021 (Policy No. 13-14); July 1, 2021 (Policy No. 13-18); August 17, 2022 (Policy No. 13-15). All other policies are effective July 1, 2019.

9.2 Policy Last Reviewed: See below.

13-01	January 20, 2016 (MCC)		13-10	June 23, 2021 (MCC)
13-02	January 18, 2017 (MCC)		13-11	November 10, 2021 (MCC)
13-03	April 10, 2019 (MCC)		13-12	November 10, 2021 (MCC)
13-04	April 10, 2019 (MCC)		13-13	June 23, 2021 (MCC)
13-05	April 15, 2020 (MCC)		13-14	August 11, 2021 (MCC)
13-06	June 17, 2020 (MCC)		13-15	August 17, 2022 (MCC)
13-07	February 17, 2021 (MCC)		13-16	November 10, 2021 (MCC)
13-08	INACTIVE (APC: June 8, 2022; MCC: June 15, 2022)		13-17	September 22, 2021 (MCC)
13-09	June 23, 2021 (MCC)		13-18	October 3, 2022 (APC) October 19, 2022 (MCC)

9.3 Policy Update/Review Summary: Formatted to comply with new University Policy template. Newly approved policies will be added as needed.

- 13-11: October 2021 revision: Language added to existing policy re: timeline to appeal grade is one month. Added 'evaluation' after grade. Standing policy remains unchanged.
- 13-12: October 2021 revision: Revised policy to align with current procedure. Removed appeal process. Added language that a student may review MSPE for accuracy and may discuss with Associate Dean Student Affairs.
- 13-08 Repeat Sub-I for Credit: Policy made INACTIVE (effective AY 22-23) by APC and MCC (June 2022). This was a COVID-related policy.
- 13-15: August 2022: added restriction language to policy.
- 13-18: October 2022: Added request for consideration paragraph; scholarly project criteria.

Key Words: exam, evaluation, elective, sub-internship, clinical