UMKC SCHOOL OF MEDICINE ~ COUNCIL ON EVALUATION
GENERAL PETITION

Student Name: ___________________________________________  Student ID: ______________________
Year/Level: ___________________ Unit: ______________________

Type of request (check one):

- Retention in the program
- Postponement of USMLE Step 1 or 2 deadline
- Participation in Commencement Exercises with outstanding requirements
- Other (please specify):

Explanation of request (please explain in detail or attach a written statement):

________________________________________________________________________
________________________________________________________________________

Student Signature: ___________________________ Date: ________________

Education Team Coordinator Signature: ______________________________________ Date: ________________
Comments: ________________________________________________________________
________________________________________________________________________

Yr 3 – 6 Docent Signature: ___________________________ Date: ________________
Comments: ________________________________________________________________
________________________________________________________________________

Council on Curriculum Signature: ______________________________________ Date: ________________
Comments: ________________________________________________________________
________________________________________________________________________

Council on Evaluation Review of Request: _________ Approved                _________ Denied
Comments: ________________________________________________________________
________________________________________________________________________

Signature of the Chair or Authorized Designee: ___________________________ Date: ________________