

PETITION TO CHANGE DOCENT UNIT OR DOCENT ROTATION
Council on Curriculum, UMKC School of Medicine

NAME _____ SID# _____
 UMKC E-MAIL _____ MED YEAR _____
 DOCENT _____ UNIT _____

This petition must be received by the Council on Curriculum before the first calendar day of the block prior to the affected rotation or elective. (ETC, please attach a current FileMaker curriculum plan.)

Council on Curriculum policy on changing docent unit or docent rotation:

The current policy from Docent Council is that a student CANNOT change his/her Docent Rotation, except in the following situations:

- *Changing the rotation will allow the student to graduate on time*
- *A required move by the Council on Curriculum due to student's withdrawal or failure in a required course or rotation*
- *Individual emergency situations*

Change Requested: (include block and year of requested change)

Justification for Change (may attach additional page):

 Student Signature Date

DOCENT Comments:

 Docent Signature Date

ETC Comments:

 ETC Signature Date Meets guidelines Meets guidelines w/ exceptions Does not meet guidelines

Approved _____ Denied _____ by: _____ Date _____
 Associate Dean for Clinical Medical Education

Stipulations:	Curriculum Use	
		Oasis
	FileMaker	
	Agenda	

