

**PETITION TO CHANGE YEARS 1 & 2  
ALTERNATE PROGRAM CURRICULUM PLAN  
Council on Curriculum, UMKC School of Medicine**

NAME \_\_\_\_\_ SID # \_\_\_\_\_ MED YEAR \_\_\_\_\_  
UMKC E-MAIL \_\_\_\_\_

**This petition must be received by the Council on Curriculum 60 days prior to the start of the affected semester (ETC, please attach an Alternate curriculum plan.) The petition will be reviewed by the Years 1 & 2 subcommittee and signed by the Assistant Dean for Curriculum who serves as subcommittee chair.**

**Change Requested:** (include semester, course name, and year of requested change)

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**Justification for Change:**

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\_\_\_\_\_  
Student Signature                      Date

**ETC Comments:**

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\_\_\_\_\_  
ETC Signature                      Date                      Meets                      Does Not  
   Guidelines                      Meet Guidelines

Approved \_\_\_\_ Denied \_\_\_\_ by: \_\_\_\_\_ Date: \_\_\_\_\_  
   Assistant Dean for Curriculum

<b>Stipulations:</b>	Curriculum Use
	Filemaker
	Agenda