

PETITION TO CHANGE CURRICULUM
Council on Curriculum, UMKC School of Medicine

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

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

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

Justification for Change:

 Student Signature Date

DOCENT Comments:

 Docent Signature Date

For ETC use only

If this Petition is Approved...
 (ETCs should check either Yes or No. If Yes, please explain in comments)

	Yes	No
Would the rotation or elective exceed the maximum number or fall below the minimum number of students allowed in the rotation?	_____	_____
Would the student change the planned time for USMLE Step I or Step II?	_____	_____
Would the student move Docent Rotation or switch docent teams?	_____	_____
Would the change delay or complicate the student's ability to meet graduation requirements?	_____	_____

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	