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 affected rotation or elective.	(ETC, please attach a curre	nt Fliewiaker curriculu	im pian.)
Change Requested: (include bloom	k and year of requested change)		
Justification for Change:			
Student Signature	Data		
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 comm	ents)	
Would the rotation or elective ex	and the merimon much on on fo	11 h alazz tha minimum num	Yes No
students allowed in the rotation?	ceed the maximum number of fa	ii below the minimum num	niber of
Would the student change the pla	nned time for USMLE Step I or	Step II?	
Would the student move Docent	Rotation or switch docent teams	?	
Would the change delay or comp	licate the student's ability to mee	et graduation requirements	?
ETC Comments:			
ETC Signature	Date Meet	ts guidelines Meets guidel	ines Does not meet
ETC Signature	Date Meet	w/ exceptio	
Approved Denied by	7*		Date
Approved by	Associate Dean for Clin	ical Medical Education	Datc
Stipulations:			Curriculum Use
			Oasis FileMoker
			FileMaker A genda