

**UMKC SCHOOL OF MEDICINE ~ COUNCIL ON EVALUATION  
GENERAL PETITION**

**Student Name:** \_\_\_\_\_ **Student ID:** \_\_\_\_\_

**Year/Level:** \_\_\_\_\_ **Unit:** \_\_\_\_\_

**Type of request (check one):**

<input type="checkbox"/>	Retention in the program
<input type="checkbox"/>	Postponement of USMLE Step 1 or 2 deadline
<input type="checkbox"/>	Participation in Commencement Exercises with outstanding requirements
<input type="checkbox"/>	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:** \_\_\_\_\_