



Office of Medical Education  
 4610 X Street, Suite 4202  
 Sacramento, CA 95817  
[health.ucdavis.edu/mdprogram/](http://health.ucdavis.edu/mdprogram/)

**Course Drop Form**  
 Committee on Student Promotions (CSP)

One form required per course. All information is required to file Course Drop Form. The Course Drop Form is to be used to drop a course or clerkship for personal or academic reasons. Examples include medical emergencies lasting more than one week or failing Step 1. Credit for work completed will be determined by the course IOR.

Per Regulation 60(A)(1), the Committee on Student Promotions, in consultation with the relevant course IOR(s), will make the final determination about allowing students to drop a required medical school course. (UC Davis School of Medicine Bylaws and Regulations, Am: 8/28/15)

**TO BE COMPLETED BY STUDENT**

Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Last First Middle

Student ID Number: \_\_\_\_\_ Class of: \_\_\_\_\_

Course Name & Number (e.g. MDS 479): \_\_\_\_\_ CRN: \_\_\_\_\_ Units: \_\_\_\_\_ Quarter/Year: \_\_\_\_\_

Name(s) of Instructor(s) of Record: \_\_\_\_\_

Briefly explain why drop is being requested: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

When do you plan to retake the course?: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**TO BE COMPLETED BY INSTRUCTOR(S) OF RECORD**

If student is to receive an Incomplete (I) grade for this course, complete Incomplete Grade Agreement rather than Course Drop Form.

Will student receive partial credit for work completed in course?  Yes  No

**IOR Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**IOR Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Curriculum Manager Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**CSP DETERMINATION**

Date reviewed by CSP: \_\_\_\_\_  Approved  Approved with modifications  Denied  More information needed