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4610 X Street, Sacramento CA 95817/Phone: 916-734-1838 / Fax:  
916-734-2178

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

Students requesting a deferral of the USMLE Step 1 must get approval from the Office of Medical Education (OME) and the Committee on Student Promotions (CSP). Students who are approved for a deferral, are required to participate in Phase 2 of the OSLE Step 1 Review from April 29-June 7, 2024 and will be enrolled in Directed Study units during this time. Please carefully review the CSP [USMLE Step 1 Deferral Policy](#) before completing this form.

Students should complete this form in its entirety and submit as directed below.

Please remember that deferrals are based on academic reasons. Please specify why you think you would benefit from this deferral (attach an additional form if necessary):

Step 1 Deferral Form

**Signatures below constitute acknowledgment of deferral plans but not necessarily agreement.**

Signature of OSLE Staff and Date: \_\_\_\_\_

Signature of Clinical Curriculum Manager and Date: \_\_\_\_\_

Signature of Academic Coach and Date: \_\_\_\_\_

**I verify that I have met and discussed the implications of my requested deferral with the above staff and faculty. I understand that if a deferral is granted, I will be required to participate in Phase 2 of the OSLE Step 1 Review from May 1-June 9, 2023 and will be enrolled in directed studies.**

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

**Student to email completed form to the Committee on Student Promotions staff ([HS-SOMCSP@ucdavis.edu](mailto:HS-SOMCSP@ucdavis.edu))**

<b>CC:</b>	
Student	SADME/ADSA
Registrar / Student Records	CSP Staff
Financial Aid	Curriculum Manager