



University of California, Davis
School of Medicine

Course Deferral Form

4610 X Street, Sacramento CA 95817-2200 / Phone: (916) 734-1838 / Fax: (916) 734-2178

Student Name: _____ ID: _____

Students requesting a deferral of a required course must get approval from the Committee on Student Promotions (CSP). For longitudinal courses (such as Doctoring), IOR approval is also needed. A deferral of a longitudinal course means the course will be taken in its entirety the next academic year. Students deferring courses should keep in mind the number of units required each quarter to receive financial aid.

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

Course(s) being deferred: _____

Reason for request; be specific, detailed and brief:

Course Deferral Form

Student Signature and Date _____

Signature of IOR (if course is longitudinal) _____

Signature of Curriculum Manager _____

Signature of Financial Aid Director _____

Student to email completed form to the Committee on Student Promotions staff
trobertson@ucdavis.edu. The CSP will review the request and respond within 3 weeks.

CC:	SADME/ADSA
Student	Faculty Mentor
Registrar	Curriculum Manager
Financial Aid	IOR
Student Records	CSP Staff