Pre-clinical Phase Missed or Rescheduled Exam Procedure

Medical students are expected to participate in all graded activities on the date(s) specified in the syllabus or as determined by the Course Director. Students who miss such activities without approval prior to the scheduled exam date will receive a failing grade on the exam and are subject to any and all academic repercussions, including, but not limited to, course failure(s), placement on academic probation, and referral to the appropriate scholastic standing committee.

This document outlines the process by which students in the preclinical phase may request to reschedule an exam. It further clarifies the consequences for students who miss a graded exam without obtaining prior approval.

Criteria
For a request to be considered, it must fall into one of the following categories.

- religious holidays and restrictions
- illness
- personal crisis
- family crisis

Laboratory & Clinical Skills Practicals
Given the coordination needed for practical exams (staffing, equipment, space, student pairings, etc) requests to reschedule these exams are not typically approved without significant extenuating circumstances.

Procedure for Submitting a Request
1. Thoroughly complete the appropriate campus Preclinical Phase Exam Rescheduling Request Form and submit to the appropriate Dean of Students for your campus (Michael Kim, MD, Assistant Dean for Student Affairs, Twin Cities or Robin Michaels, PhD., Associate Dean for Student Life and Academic Affairs, Duluth).
   a. If you are requesting to reschedule a clinical skills exam, email Course Directors and Course Manager as well.
2. In order to allow time for processing, requests should be submitted a minimum of three weeks in advance, except in cases of unexpected illness or emergencies. The medical school reserves the right to deny any requests made with insufficient time for review. The medical school may, at its discretion, verify the reasons cited for the request.

Decision and Outcome
Students will receive written notification (via email) on the outcome of their request from the appropriate Dean of Students. Students will be directed to work with:

- The Assessment team for written or online exams.
- Course Directors and Lab Coordinators for lab exams.
- Course Directors and Course Manager for ECM clinical skills exams.

Students must sit for the exam on the approved rescheduled date, within 7 days of the originally scheduled exam. Students must submit a second Preclinical Phase Exam Rescheduling Request Form to the appropriate Dean of Students should they need to reschedule a second time. A maximum of two reschedule requests may be permitted and must meet the categories outlined above. Students unable to adhere to the outcome of any reschedule requests are subject to course failure and referral to the appropriate scholastic standing committee.

All decisions regarding the review, approval or denial, and conditions for a rescheduled exam, including but not limited to the date/time of the rescheduled exam, are final.

Revised October 2019
Twin Cities Pre-clinical Phase Exam Rescheduling Request Form

Complete this form in its entirety. Incomplete forms may delay processing and/or result in denial of your request.

Refer to the Preclinical Phase Missed or Rescheduled Exam Procedure for full details on the requirements and limitations for rescheduling exams. Students must expect to take any scheduled examinations until receiving an official approval of their request.

If you need to miss multiple exams, list each course, course director, original exam date/time, and lab or clinical skills practical on a separate sheet.

Today’s Date: _______________________________

Student Name: _______________________________ Faculty Advisor: ________________________________

Course Name: ________________________________ Academic Advisor: __________________________________

Original Exam Date & Time: _________________________________________________________________

Does this exam include a lab or clinical skills practical? Yes _________ No _________

Note: Given the coordination needed for practical exams (staffing, equipment, space, student pairings, etc) requests to reschedule these exams are not typically approved without significant extenuating circumstances. Students should reach out to the Course Director and Course Manager as soon as possible if approved to reschedule an ECM clinical skills exam. Students should reach out to the Course Director and Lab Coordinator as soon as possible if approved to reschedule a lab exam.

Reason for the Request (select one):

________ Religious holiday/restrictions   ________ Personal crisis

________ Illness     ________ Family crisis

Provide a brief explanation regarding your situation (attach additional documents as needed)

______________________________________________________________________________

Religious Attestation

I hereby submit my request to reschedule the indicated exam(s) on the grounds that the date/time conflicts with a genuine and sincere religious practice. More specifically, I am an adherent of: ________________________________

The following statement describes the religious practice that interferes with the prescribed exam date(s): (e.g. Sabbath observance, etc)

______________________________________________________________________________

______________________________________________________________________________

Return this form to Dr. Michael Kim, Assistant Dean for Student Affairs: mikekim@umn.edu

Revised October 2019
Preclinical Phase Exam Rescheduling Request Form

Complete this form in its entirety. Incomplete forms may delay processing and/or result in denial of your request.

Refer to the Preclinical Phase Missed or Rescheduled Exam Procedure for full details on the requirements and limitations for rescheduling exams. Students must expect to take any scheduled examinations until receiving an official approval of their request.

If you need to miss multiple exams, list each course, course director, exam date/time and preferred makeup date (if applicable), on a separate sheet.

Today’s Date: _______________________________

Student Name: ________________________________

Faculty Advisor: _________________________________

Course Name: ___________________________ Course Director: ________________________________

Originally scheduled Exam Date & Time:
_________________________________________________________________

If approved to reschedule your exam, indicate a preferred date for the makeup (a maximum of 7 days after the regularly scheduled date): ____________________________________
(this date is non-binding and will be used as a guide only)

Does this exam include a lab practical or clinical skills session? Yes _________ No _________

Reason for the Request (select one):

________ Religious holiday/restrictions

________ Personal crisis

________ Illness

________ Family crisis

Provide a brief explanation regarding your situation (attach additional documents as needed)
__________________________________________________________________________

__________________________________________________________________________

Religious Attestation

I hereby submit my request to reschedule the indicated exam(s) on the grounds that the date/time conflicts with a genuine and sincere religious practice. More specifically, I am an adherent of: ________________________________

The following statement describes the religious practice that interferes with the prescribed exam date(s): (e.g. Sabbath observance, etc)

__________________________________________________________________________

Return this form to Dr. Robin Michaels, Associate Dean of Student Life and Academic Affairs, rmichael@d.umn.edu

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