

University of Illinois College of Medicine Peoria

USMLE Step 1
Modification of Timeline Request

Name: _____

Planned Date to Sit for Step 1: _____

I am requesting this date to sit for the exam for the following reason(s):

I have attached a detailed study plan that includes a daily schedule, a weekly schedule of topics, resources I am using, and dates of practice exams.

To be completed during the meeting with the Assistant Dean for Student Affairs and your academic advisor.

I will attend Phase 2 orientation _____

I understand that:

I cannot begin a Phase 2 clinical rotation until I have taken USMLE Step 1 _____

My Phase 2 clerkships may not be completed until the Phase 3 year _____

The timeline and scheduling of Phase 3 may be affected _____

Timing for consideration for AOA and Graduation with Honors may be affected _____

Extensive delay may change the date of graduation _____

I must sit for the exam no later than December 1st _____

My financial aid and Campus Care coverage can be affected _____

Student Signature: _____

_____ Date

Reviewed by: _____

Academic Advisor

_____ Date

Approved by: _____

Associate or Assistant Dean

_____ Date