

CSP Remediation Proposal Form
Committee on Student Promotions (CSP)

Student Name: _____ ID: _____

1. What are you remediating? _____
2. If USMLE Step 1 or Step 2CK remediation, which attempt will this be for you? _____
3. **[if applicable]** Current CSP deadline for remediating/completing this item: _____
3. Describe the challenges identified (e.g. time management, test-taking anxiety etc.):

4. Describe the process for addressing these challenges. Be specific (e.g. meet with OSLEP weekly etc.):
If this is not your first time remediating this item, what has changed in your approach?

5.

:

5. Describe the specific steps you plan on taking to achieve the desired outcome. Please include if you will be taking PELP or other leave or participating in other coursework while preparing for remediation [e.g. intersession weeks or directed studies] for enrollment purposes:

6. Attempt/Retake date:

Student Signature: _____ Date: _____

Please email this completed form to the Chair of CSP, Dr. Ala Moshiri (amoshiri@ucdavis.edu) and CSP Staff Support (HS-SOMCSP@ucdavis.edu).