



Office of Medical Education
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Sacramento, CA 95817
health.ucdavis.edu/mdprogram/

CSP Remediation Proposal Form
Committee on Student Promotions (CSP)

Student Name: _____ ID: _____

1. What are you remediating? _____

2. Describe the challenges identified (e.g. time management, test-taking anxiety etc.):

3. Describe the process for addressing challenges. Be specific (e.g. meet with OSLER weekly etc.):

4. Describe the plans for achieving desired outcome:

5. 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).