



Curriculum Enrollment and Graduation Requirements Policy

Category:	1-Grading and Progression
Curriculum Phase:	All Phases
Author/Authoring Body:	Curricular Affairs
Responsible Unit:	Curricular Affairs
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Summary

This policy outlines requirements for graduation, enrollment in each phase of the MD program, electives, and the rural/underserved required experience.

Related LCME Standards

9.9 Student Advancement and Appeal Process

A medical school ensures that the medical education program has a single set of core standards for the advancement and graduation of all medical students across all locations. A subset of medical students may have academic requirements in addition to the core standards if they are enrolled in a parallel curriculum. A medical school ensures that there is a fair and formal process for taking any action that may affect the status of a medical student, including timely notice of the impending action, disclosure of the evidence on which the action would be based, an opportunity for the medical student to respond, and an opportunity to appeal any adverse decision related to advancement, graduation, or dismissal.

10.3 Policies Regarding Student Selection/Progress and Their Dissemination

The faculty of a medical school establish criteria for student selection and develop and implement effective policies and procedures regarding, and make decisions about, medical student application, selection, admission, assessment, promotion, graduation, and any disciplinary action. The medical school makes available to all interested parties its criteria, standards, policies, and procedures regarding these matters.

Applicability & Scope

This policy applies to medical students across all phases of the curriculum.

Definitions

PCAMP – Primary Care Accelerated Medical Pathway; this is a 6-year accelerated program consisting of 3 years of medical school and a 3-year residency program with the UArizona Family and Community Medicine (FCM) Program. The PCAMP medical school curriculum runs parallel to the 4-year MD program curriculum. PCAMP students participate in a longitudinal FCM clerkship experience, receive a contingent spot within the FCM Residency Program, and bypass part of the Transition to Residency requirements of the 4-year MD Program curriculum.

Preclerkship Phase (4-year MD Program) – For students in the 4-year MD program, this preclinical curriculum phase of study is defined as the first 18-months of medical school with focus on the eight basic sciences core courses, Doctor & Patient/Societies Course, and the Clinical Reasoning Course, including all Pathways in Health and Medicine curriculum sessions intertwined throughout the core courses.

Preclerkship Phase (PCAMP) – For students in the Primary Care Accelerated Medical Pathway (PCAMP) track, this preclinical phase begins at the start of the program through completion of the Transition to Clerkships Course in year 2. It includes the same required curriculum as stated in the 4-year MD Preclerkship Phase. As part of this accelerated program, the Family and Community Medicine and Ambulatory Medicine clerkship experiences occur during the Preclerkship Phase of PCAMP.

Clerkship Phase (4-Year MD Program) – For students in the 4-Year MD program, this curriculum phase of study is defined as the 12-months of seven core clerkship courses as well as Intersessions, Transition to Clerkships, and an ambulatory medicine clerkship.

Clerkship Phase (PCAMP) – For students in the PCAMP track, this clinical phase begins immediately after completion of the Transition to Clerkships Course and ends following completion of Semester E and consists of the remaining six core clerkship courses as well as Transition to Clerkships and Intersessions I.

Transition to Residency Phase (4-Year MD Program) – For students in the 4-year MD program, this curriculum phase of study is defined as the final 14-months of clinical curriculum, including core subinternship, electives, surgical subspecialty, Emergency Medicine/Critical Care clerkship, and Transition to Residency Bootcamp selectives.

Transition to Residency Phase (PCAMP) – For students in the PCAMP track, this final clinical phase begins immediately following completion of Semester E and ends following the completion of Semester F. This phase includes Intersessions II, core subinternship, surgical subspecialty, Emergency Medicine/Critical Care clerkship, and Transition to Residency FCM Bootcamp.

Core Subinternship – A Transition to Residency Phase clinical rotation taken in one of six core clinical disciplines: internal medicine, general surgery, pediatrics, obstetrics & gynecology, emergency medicine, or family medicine. A subinternship experience helps prepare students for residency by allowing them to function with increased responsibility compared to clerkship rotations. A student on a subinternship rotation should function like a traditional intern or PGY-1.

Surgical Subspecialty – A focused area of medical practice that involves the diagnosis, treatment, and management of conditions or diseases that can be addressed through surgical interventions. The goal of the surgical subspecialty rotation is to help students explore and gain experience in fields outside of general surgery, and for students to have a broad exposure to outpatient clinics in addition to inpatient and operative experiences. During their surgical subspecialty rotation,

students are trained to work in various healthcare settings, collaborate with multidisciplinary teams, and uphold ethical standards while providing surgical care to patients. Students receive advanced training in surgical techniques, patient care, pre-operative and post-operative management, and develop proficiency in the use of surgical tools and technologies.

Policy Statement

I. Graduation Requirements

- A. Every student must meet the following requirements to graduate:
 - 1) The student must pass all required courses.
 - a) For transition to residency course requirements, see [Section IV. Transition to Residency Phase Units and Required Courses](#).
 - 2) The student must take and pass the requisite number of electives as set forth by the Tucson Educational Policy Committee (TEPC).
 - a) For electives requirements, see [Section IV. Transition to Residency Phase Units and Required Courses](#).
 - 3) The student must successfully complete the Scholarly Project.
 - 4) The student must pass both the USMLE Step 1 and the USMLE Step 2 Clinical Knowledge (CK).
 - 5) The student must pass the year-3 Objective Structured Clinical Examination (OSCE), including any necessary remediation, prior to graduation.
 - 6) The student must complete a minimum of 2 weeks of rural/underserved clinical experience.
 - a) For venues for completing this requirement, see [Section VII. Rural/Underserved Required Experience](#).
 - 7) The student must complete any other academic or non-academic requirement established by the Tucson Educational Policy Committee (TEPC) for the education program leading to the MD degree.

II. Preclerkship Phase Enrollment

A. Sequential Completion of Blocks

- 1) A student must complete all the curricular blocks and courses of the Preclerkship Phase in the sequence they are offered.
- 2) A student may be enrolled in only one block at a time.
- 3) Special requests for exemptions from attendance in required blocks and courses will not be considered.

III. Clerkship Phase Enrollment

A. 4-Year MD Program: Enrollment in Transition to Clerkships, Clerkships and Intersessions

- 1) Enrollment in required clerkships, the Transition to Clerkships course, and the Intersession courses will NOT be electively postponed to the Transition to Residency Phase. Exceptions may apply to:

- a) A student whose academic progress is delayed because of remediation of a block at the end of the Preclerkship Phase or failure of the USMLE Step 1, as approved by the Associate Dean for Student Affairs and Student Progress Committee.
- b) A student on an approved medical or non-medical leave of absence.
- c) A student on an approved academic delay. Approval for any type of academic delay must come from the Associate Dean for Student Affairs in conjunction with the Office of Student Success.

B. 4-Year MD Program: Clerkship Scheduling Guidelines

- 1) Clerkship Enrollment
 - a) A student must be enrolled in a required clerkship rotation 21 days prior to the start of that rotation's published start date.
 - b) A student who is returning to clerkships after stopping progress to successfully complete USMLE Step 1 can be enrolled within the 21-day deadline, assuming the availability of an opening in a given clerkship's schedule.

C. PCAMP: Enrollment in Transition to Clerkships, Clerkships, and Intersessions

- 1) Enrollment in required clerkships, the Transition to Clerkships course, and the Intersession courses will NOT be electively postponed.
- 2) PCAMP students must enroll and complete required clerkship experiences in the sequence in which they appear on their academic calendar.
- 3) Exceptions may apply to:
 - a) A student whose academic progress is delayed because of remediation of a block at the end of the Preclerkship Phase or failure of the USMLE Step 1, as approved by the Associate Dean for Student Affairs and Student Progress Committee.
 - b) A student on an approved medical or non-medical leave of absence.
 - c) A student on an approved academic delay. Approval for any type of academic delay must come from the Associate Dean for Student Affairs in conjunction with the Office of Student Success.

IV. Transition to Residency Phase Units and Required Courses

A. 4-Year MD Program: Units and Required Courses

- 1) The Transition to Residency Phase for the 4-year MD program consists of 44 total required units as follows:
 - a) 4 units Core Subinternship
 - b) 4 units Integrated Emergency Medicine/Critical Care clerkship (EMD 845)
 - c) 4 units Surgical Subspecialty
 - d) 4 units of Scholarly Project
 - e) 28 units of additional elective courses
 - 1. 16 of these units must be clinical electives
 - 2. A maximum of 12 non-clinical units may be taken
- 2) A student must obtain approval from an advisor of plans for Transition to Residency courses.

B. PCAMP: Units and Required Courses

- 1) The Transition to Residency Phase for PCAMP consists of 18 total required units as follows:
 - a) 4 units Core Family and Community Medicine Subinternship
 - b) 4 units Integrated Emergency Medicine/Critical Care clerkship (EMD 845)
 - c) 4 units Surgical Subspecialty
 - d) 2 units Scholarly Project
 - e) 2 units elective courses
 - f) 2 units Family and Community Medicine Bootcamp
- 2) A student must obtain approval from an advisor of plans for Transition to Residency courses.

C. Core Subinternship Rotations

- 1) Students are required to take at least one 4-week subinternship in a core discipline during Transition to Residency to meet graduation requirements. A core subinternship rotation must be taken with a UArizona faculty preceptor. Any exception must be approved by the Associate Dean for Curricular Affairs.
- 2) While core subinternship goals and objectives are specialty-specific, the following are general criteria by which a rotation will qualify as a core subinternship. These criteria serve to distinguish a subinternship from a clerkship rotation or a general Transition to Residency elective rotation.
 - a) Core discipline (internal medicine, general surgery, pediatrics, obstetrics & gynecology, emergency medicine, or family medicine)
 - b) Level of responsibility similar to an intern (PGY-1)
 - c) Responsible for an increased patient load
 - d) Typically caring for patients of higher acuity
 - e) Ability to manage patients at a higher level (e.g., time management, increased independence [within supervision], complexity)
 - f) Must involve on-call or after-hours experience, initial patient assessments, and management plans
 - g) Generally, should be an inpatient, clinical rotation
 - h) If a primarily ambulatory experience, should include some emergency department, urgent care, and/or ICU coverage (similar to typical PGY-1 schedule)
 - i) Consist of a single, 4-week rotation
- 3) Students may take subinternship-level electives in non-core disciplines during the Transition to Residency Phase, but these rotations will not count toward the core subinternship requirement.

D. Surgical Subspecialty

- 1) All students are required to complete a single 4-unit surgical subspecialty during the Transition to Residency Phase.
- 2) The College of Medicine – Tucson recognizes the following surgical subspecialties: anesthesiology, cardiothoracic surgery, gynecology and obstetrics, gynecologic oncology, neurological surgery, ophthalmic surgery, oral and maxillofacial surgery,

orthopaedic surgery, otorhinolaryngology, pediatric surgery, plastic surgery, urology, and vascular surgery.

V. Transition to Residency Phase Enrollment

Any exceptions to the limitations below must be pre-approved by the Associate Dean for Curricular Affairs.

A. Double-Dipping

- 1) Double-dipping is not permitted among courses that apply toward the core subinternship, surgical subspecialty, and Emergency Medicine/Critical Care graduation requirements. Students are expected to complete 3 separate courses in order to meet the requirements.

B. Discretionary Time

- 1) Students may use available discretionary time as they wish for such activities as vacation, residency interviewing, USMLE Step 2 study time, and other non-credit activities.
 - a) **4-Year MD Program:** Students must have one block (4 weeks) available for residency interview season.
 - b) Students must have one block (4 weeks) available for USMLE Step 2 study time.

C. 4-Year MD Program: Limit on the Number of Weeks in Any One Subspecialty Field

- 1) The maximum number of weeks allowed during Transition to Residency in one subspecialty field is 16.
- 2) "Subspecialty field" is defined as any field in which subspecialty board certification is possible.
- 3) Students may take multiple rotations within a broader discipline's umbrella, as long as the rotations do not substantively overlap in curricular content. For example, a student may take multiple pediatric electives, so long as no more than 3 electives are in any one particular subspecialty (e.g., a student may take a variety of pediatric subspecialty rotations, but no more than 3 general pediatric rotations or 3 pediatric cardiology rotations).

D. 4-Year MD Program: Limit on the Number of Non-COM-T Rotations

- 1) The maximum number of weeks allowed for rotations completed at institutions and sites not directly supervised by COM-T faculty during the fourth year is 20.
- 2) For a directly supervised course, the course director is a COM-T appointed faculty member who has ultimate responsibility for the design, implementation, and assessment of the course. The course director may hold any faculty title, including a volunteer clinical position, lecturer, or adjunct as well as assistant, associate, or full professor.

E. 4-Year MD Program: Maximum Units of Independent Study Credit

- 1) The maximum combined number of independent study units for which credit will be allowed is 8. Students must submit the form to the Office of Student Affairs 30 days prior to the start of the rotation.

F. 4-Year MD Program: Maximum Units of Research Credit

- 1) The maximum combined number of research units for which credit will be allowed is 8. Students must submit the form to the Office of Student Affairs 30 days prior to the start of the rotation.

G. Transition to Residency Holiday

- 1) Transition to Residency students participating in electives will observe the holiday schedule of the institutions of their elective rotations.

VI. Electives

A. Elective Block Scheduling

- 1) During the Transition to Residency Phase, electives will be offered in 2- and 4-week periods.
- 2) **Adding/Dropping Electives (Effective prior to June 8, 2026):**
 - a) Students must add/drop electives within 10 business days before the start of the elective rotation.
- 3) **Adding/Dropping Electives (Effective beginning June 8, 2026):**
 - a) Students must add/drop electives no later than 20 business days before the start of an elective rotation at Banner.
 - b) Students must add/drop electives no later 30 business days before the start of an elective rotation at a non-Banner site.
 - c) Any exceptions to this policy must be approved by the Assistant Dean, Clinical Competency in the Office of Curricular Affairs in consultation with a House Dean in the Office of Student Affairs.
- 4) The first elective period for any semester will begin with the first week of the first month for that semester.
- 5) **4-Year MD Program:** Students who seek to schedule 3-week elective periods may apply to the Office of Student Records. Exceptions will be granted for compelling reasons, but any 3-week elective must fall within a 4-week block.
- 6) **4-Year MD Program:** Students may enroll up to 2 units above the semester's total number of weeks (1 unit = 1 week).
- 7) **4-Year MD Program:** Students may continue to participate in elective experiences when their expected date of graduation has been postponed beyond 4 years.
- 8) Students who have not met graduation requirements may continue to participate in elective experiences.

B. 4-Year MD Program: International Elective Enrollment

- 1) Medical students at the COM-T shall apply only for international electives associated with LCME-accredited institutions or courses offered in the COM-T student electives catalog.
- 2) Any exceptions will require approval by the Associate Dean for Student Affairs and the appropriate COM-T department or COM-T Office of Global and Border Health (OGBH); an affiliation/preceptor agreement with the clinical site of the proposed international elective; and travel authorization from the UArizona Risk Management Offices before enrolling in an international elective.

C. Longitudinal Elective Course Credit

- 1) Longitudinal elective courses may be designed as two courses, in which the student will typically enroll sequentially, the first course being prerequisite to the second, except with the consent of the instructor.
- 2) The first course will provide credit for learning activities accomplished in the Preclerkship Phase; the second course will provide credit for learning activities, which are more complex and sophisticated, accomplished in the Transition to Residency Phase.
- 3) Students enrolling in the first course of the pair will earn credit that will be reported on the student's transcript, but that will not count toward earning the required number of elective credits. If the student takes the second course (in the Transition to Residency Phase), the earned units will count toward earning required elective credits.

VII. Rural/Underserved Required Experience

- A. The COM-T requires medical students to participate in an educational experience that serves a disadvantaged and/or resource-poor population. This requirement can be completed in a variety of venues throughout the students' medical education. These include:
 - 1) A rural or underserved clerkship rotation,
 - 2) 2-week elective at a rural or underserved site,
 - 3) Involvement in the Rural Health Professions Program (RHPP), and
 - 4) A minimum of 30 Commitment to Underserved People (CUP) volunteer contact hours (not including training hours) in either CUP I or II.

Related Information

Policies

[COM-T Policy 1-101: Grading and Progression Policy](#)

Websites

[COM-T Curriculum Resources \(including Academic Calendars\)](#)

Revision History

2026/3/11: The Tucson Educational Policy Committee approved revisions to increase the timeframe for adding and dropping an elective course in the Transition to Residency Phase.

2024/8/28: The Tucson Educational Policy Committee approved revisions to remove required MED 840 units in the Transition to Residency Phase and replace these with Scholarly Project units.

2024/7/10: The Tucson Educational Policy Committee approved revisions to the policy for applicability to PCAMP, to add a surgical subspecialty definition and requirement details, and other minor clarifications.

2021/7/14: Revisions to Overview of Graduation Requirements approved.

2020/1/15: Revisions to Overview of Graduation Requirements approved.

2019/4/27: Revisions to Transition to Residency Phase Units and Required Courses approved.

2018/5/16: Revisions to Transition to Residency Phase Enrollment approved.

2017/2/1: Revisions to Clerkship Phase Enrollment approved.

2017/1/18: Section on Transition to Residency Phase Units and Required Courses approved.

2015/5/6: Revisions to Clerkship Phase Enrollment approved.

2015/5/6: Revisions to International Elective Enrollment approved.

2014/6/18: Revisions to Clerkship Phase Enrollment approved.

2014/2/19: Section on International Elective Enrollment approved.

2013/9/18: Section on Transition to Residency Phase Enrollment approved.

2013/8/7: Revisions to Preclerkship Phase Enrollment approved.

2013/6/19: Section on Rural/Underserved Required Experience approved.

2013/2/20: Section on Transition to Residency Core Subinternship Rotations approved.

2012/12/5: Section on Elective Block Scheduling approved.

2012/2/15: Revisions to Overview of Graduation Requirements approved.

2011/12/14: Section on Clerkship Phase Enrollment approved.

2007/8/15: Section on Longitudinal Elective Course Credit approved.