

Philadelphia College of Osteopathic Medicine

Course Audit Form

Registrar's Office · Philadelphia and Georgia Campuses

203 Rowland Hall · 4190 City Ave · Philadelphia, PA 19131

Tel: 215-871-6704 · Fax: 215-871-6649 · registrar@pcom.edu · www.pcom.edu

Student Information: Please PRINT

Name: _____ SSN/Banner ID: _____

Date of Birth (mm/dd/yyyy): ___/___/___ Phone Number: (____)____ - _____ Email: _____

Academic Year: _____ **Term:** (check one) Fall Winter Spring Summer

Campus: Georgia Philadelphia Program: _____

Audit a Course: Please PRINT

CRN (Course Reference Number)	Subject Code	Course Number	Section Number	Course Title	Credits

Instructor's Signature Date

Department Head's Signature Date

Please read carefully, then sign and date below:

I understand that by auditing the course, I will not receive any course credit and that this may affect my financial aid.

Student's Signature

Date

Registrar's Office: Processed by: _____ Date: _____