

**Philadelphia College of Osteopathic Medicine**

Registrar's Office · Philadelphia and Georgia Campuses

**Withdraw from a Course Form**

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

Tel: 215-871-6704 · Fax: 215-871-6649 · [registrar@pcom.edu](mailto:registrar@pcom.edu) · [www.pcom.edu](http://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: \_\_\_\_\_

**Withdraw from a Course AFTER drop Deadline: Please PRINT**

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

\*Note: To withdraw from ALL courses you MUST complete a **Leave of Absence form** or a **Withdrawal from PCOM form**

\_\_\_\_\_  
Instructor's Signature Date

\_\_\_\_\_  
Department Head's Signature Date

**Please read carefully, then sign and date below:**

**I understand that by withdrawing from this course(s) for the term, I am responsible for the tuition that is assessed and that the tuition is based on the date this form was filed. I understand that the tuition charged is in accordance with the institutions tuition refund policy as published in the College catalog. I understand that by withdrawing from this course(s) there maybe an affect on my financial aid.**

\_\_\_\_\_  
**Student's Signature**

\_\_\_\_\_  
**Date**

Registrar's Office: Processed by: \_\_\_\_\_ Date: \_\_\_\_\_