


Philadelphia
College of
Osteopathic
Medicine

Return Completed Form To:
Office of the Registrar, 203-R
4190 City Avenue
Philadelphia, PA 19131-1694
Phone: 215-871-6704
Fax: 215-871-6649
registrar@pcom.edu

**WITHDRAWAL
FORM**

www.pcom.edu

 This form can be used if you are withdrawing from all courses for the current term or from the program. If applicable, tuition charges will be pro-rated and determined by the Bursar's Office. Return the completed form via mail, fax, or in person to the Office of Admissions and the Registrar.

Name: _____

Banner ID: _____

Program:

Biomedical Sciences

- Biomedical Science Certificate
- M.S. Biomed Sci. – 1st Year
- M.S. Biomed Sci. – 2nd Year
- D.O. Completing Thesis
- Non-Degree

Health Sciences

- M.S., P.A. Program – 1st Year
- M.S., P.A. Program – 2nd Year
- M.S., Forensic Medicine

Psychology

- M.S. Clinical Health Psy
- M. S. School Psychology
- CAGS
- M.S. ODL
- Psy.D., Clinical Psychology
- Psy.D., School Psychology
- Non-Degree

2006-2007 Term: (check one) Fall Winter Spring Summer

 **WITHDRAW**

- Check if withdrawing from all courses for this Term only
- Check if withdrawing from your program at PCOM

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

Please Read Carefully, sign and date below:

I understand that if I am withdrawing to go on a leave of absence from my program, that my request for a leave must be approved by the Dean's Office. I understand that the Bursar's Office will determine if I qualify for a pro-rated charge of tuition. I understand that withdrawing may affect my financial aid (including student loans) and therefore it is important that I contact the Financial Aid Office. I understand that if I am withdrawing from all of my courses I must contact the Library to settle any outstanding matters.

Student's Signature

Date

Advisor's or Department's **Approval** [E-mail Approval or Signature] **Required for All Students**

Advisor's or Department's Signature

Date: _____

I will obtain my Advisor's or Department's approval via e-mail. It is attached or will be e-mailed to registrar@pcom.edu

WITHDRAW INFORMATION

The **Withdrawal Form** can be used if you are withdrawing from all courses for the current term or from the program.

Tuition Charges: If applicable, tuition charges will be pro-rated and determined by the Bursar's Office.

If withdrawing from a course or activity, to go on a **Leave of Absence**, inform your academic department and the Dean's Office in writing.

Contact the Financial Aid Office to understand how this will affect your financial aid (including student loans). Also, contact the Library to settle any outstanding matters.

WITHDRAWAL FORM INSTRUCTIONS:

- **Name and Banner ID:** Clearly **print** your name and Banner Identification Number.
- **Program:** Check your graduate program or status
- **Courses:** Using the *Course Schedule* list the **course reference number, subject code, course number, section number, course title** and **credit amount** of each course.
- **Signature and Date:** After carefully reading the important information, sign and date the registration form.
- **Advisor's or Department's Approval:** Obtain your advisor or department's signature at the bottom of the *Withdrawal Form* **OR** indicate that you will e-mail your advisor or department for approval and attach or forward the e-mailed response to registrar@pcom.edu.
- **Return the completed form** to the Office of the Registrar via fax, mail or in person Monday through Friday from 8 AM through 4:30 PM and Thursdays until 7 PM.
- If you have a new address, complete a *Change of Address Form*.
- **Questions:** Call 215-871-6704 or e-mail registrar@pcom.edu.