

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 · 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 |
|--|-----------------|------------------|-------------------|--------------|---------|
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*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: _____