

**Philadelphia College of Osteopathic Medicine**

**Registration 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](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: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

Campus:  Georgia  Philadelphia Program: \_\_\_\_\_

Academic Year: \_\_\_\_\_ Term (check one):  Fall  Winter  Spring  Summer

Reason for Adding/Dropping (check one):

I haven't registered yet  I'm adding a class to my existing schedule  I'm dropping a class from my existing schedule

**Add Classes: Please PRINT**

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

**Drop a Class: Please PRINT**

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

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

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

I understand that my registration will not be processed if I have holds or if this form is incomplete. If this form is submitted after the registration deadline, I understand that I will be assessed any applicable late fees. I understand that tuition charges are based on registration and not on class attendance. **I understand that I am responsible for advising the Registrar's Office if I am no longer attending or withdrawing from course(s) in a term.**

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

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

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