

**Philadelphia College of Osteopathic Medicine**

Registrar's Office · Philadelphia and Georgia

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)

**Good Academic Standing**

**Verification Form**

3-5 Business Days for Processing

**Student Information: Please PRINT**

Name: \_\_\_\_\_ SSN/Banner ID: \_\_\_\_\_

Program: \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_

Email: \_\_\_\_\_ Phone Number: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

**Delivery Options:**     Pick up     Mail     Fax

To: \_\_\_\_\_ If Faxing, Fax #: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

My signature below authorizes the Office of the Registrar at PCOM to send my verification to the person or organization listed above.  
**FAX WARNING:** I understand that by faxing this form I will be compromising my confidentiality and release PCOM from any liability that may arise.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**REGISTRAR'S OFFICE USE ONLY BELOW**

This is to verify that \_\_\_\_\_ is in good academic standing and upon successful completion of all degree requirements, is expected to graduate on \_\_\_\_/\_\_\_\_/\_\_\_\_. The degree conferred upon at graduation will be \_\_\_\_\_.

Please be advised that \_\_\_\_\_ matriculated at Philadelphia College of Osteopathic Medicine on \_\_\_\_/\_\_\_\_/\_\_\_\_ for which the dates of attendance have been from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_.

Currently their enrollment status at PCOM is:     Full Time     Half Time     Less than Half Time

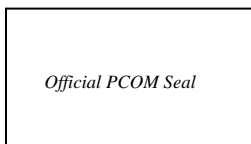
**This form is deemed official with the Verifying Official's Signature and PCOM Seal Affixed Below:**

*If this form is faxed to you from the Registrar's Office, 215-871-6649, the PCOM seal will not show, but is still valid.*

School Code

Verifying Official's Printed Name

Title



Verifying Official's Signature

Date