

**Philadelphia College of Osteopathic Medicine**

**Leave of Absence Form**

Dean's Office · Philadelphia Campus

205 Evans Hall · 4170 City Ave · Philadelphia, PA 19131 · Tel: 215-871-6770 · Fax: 215-871-6781

**INSTRUCTIONS:**

1. **Student:** Complete **PART A**, attach letter explaining the request for Leave of Absence and turn in to the Dean's office
2. **Student:** Make appointment and meet with the Dean to discuss the situation
3. **Dean:** If approval is given, the Dean will sign **PART B**
4. **Student:** Once approved by the Dean, make an appointment with the Financial Aid Debt Management Counselor.  
If no financial aid, speak with the Registrar's Office, 215-871-6704.
5. **Financial Aid:** Having met with the Student, Financial Aid will complete **PART C** and will then send to the Registrar
6. **Registrar:** The Registrar will send confirmation of completion of leave process to the student

To Resume Active Enrollment: The Student MUST notify the Registrar's Office in WRITING no less than one month PRIOR to the anticipated return date. **In the event of any questions, contact Registrar's office at 215-871-6704.**

**Part A, Student's Information: Completed by Student**

**Banner ID/SSN:** \_\_\_\_\_ **Date Leave Requested:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Name:** \_\_\_\_\_ **Program:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Current Address:** \_\_\_\_\_

\_\_\_\_\_

**Reason Leave Requested** (Check one):  Medical  Military  Jury Duty  Other

**\*Letter Must Be Attached to This Form Explaining the Reason for the Request**

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Part B, Dean's Approval: Completed by the Dean**

Request for **Leave of Absence** has been reviewed and **Approved to Begin** on: \_\_\_\_/\_\_\_\_/\_\_\_\_ and **End** on: \_\_\_\_/\_\_\_\_/\_\_\_\_

*Student must notify the Registrar's Office in writing no less than one month prior to the anticipated return date to active enrollment.*

**DEAN'S SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Part C: Completed By Financial Aid Debt Management Counselor; 203 Rowland Hall · Tel: 215-871-6170**

**Student has been advised that the granting of the Leave of Absence will affect his/her aid as follows:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Financial Aid Counselor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*My signature verifies that I have been explained to and understand all the affects that taking this Leave of Absence will have on my Financial Aid. I understand that my loans will become due according to the terms and conditions of the contract with the lenders. I further understand that I am responsible to discuss this with my lenders to determine the appropriate course of action.*

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Part D: Financial Aid Sends Completed Form to the Registrar's Office, Fax: 215-871-6649**

**Registrar's Office:** Will send confirmation of completion of leave process to Student