

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 · 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: _____