

**Philadelphia College of Osteopathic Medicine**

**Withdrawal from PCOM 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 Withdrawal from PCOM 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 Deb 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

In the event of any questions, contact Registrar's office at 215-871-6704

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

**Term Effective From:** \_\_\_\_\_

**Banner ID/SSN:** \_\_\_\_\_ **Date Withdrawal from PCOM Requested:** \_\_\_/\_\_\_/\_\_\_

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

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

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

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

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

Request for **Withdrawal from PCOM** has been reviewed and **approved** to be effective from: \_\_\_/\_\_\_/\_\_\_

**Special Recommendations:**

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

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

**Part C: Completed By Financial Aid Debt Management Counselor, Tel: 215-871-6170**

Student has been advised that the **Withdrawal from PCOM** 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 Withdrawing from PCOM 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 **Withdrawal from PCOM** to the Student