

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

3-5 Business Days for Processing

Student Information: Please PRINT

Name: Banner ID:
Program: Date of Birth (mm/dd/yyyy):
Email: Phone Number: ( ) -

Select Purpose: Verify Enrollment Verify Good Standing
Verify Current Term
Verify Previous Term(s) and Year(s): Summer Fall Winter Spring

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 certify that the above named student is enrolled at:
Philadelphia Campus Georgia Campus South Georgia

Attendance Dates: From / / To / /
Status: Full Time Half Time Time Less Than Half Time

Matriculation Date: / / Expected Graduation Date: / /

Degree Upon Graduation:
Doctor of Osteopathic Medicine Doctor of Psychology Master of Science Education Specialist
Post-Doctorate Certificate Certificate of Adv Grad Studies Certificate Other
Doctor of Pharmacy Doctor of Physical Therapy Doctor of Philosophy
Major:
Applied Behav Analysis (Psych) Biomedical Sciences Clinical Health Psych Clinical Psychology
Clinical Neuropsychology Cognitive Behav Therapy Couns & Clin Hlth Psych Forensic Med
Organizational Dev & Leadership Physician Assistant Studies Professional Psych School Psychology
Educational Psychology Mental Health Couns Public Health Mgmt. Other

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
Official PCOM Seal Verifying Official's Signature Date