Philadelphia College of Osteopathic Medicine  
Dean’s Office · Philadelphia Campus
205 Evans Hall · 4170 City Ave · Philadelphia, PA 19131 · Tel: 215-871-6770 · Fax: 215-871-6781

Part A – Completed by Student

Banner ID: ____________________________  Campus: ☐ Philadelphia  ☐ Georgia  ☐ South Georgia
Name: ________________________________  Program: ________________________________
Phone Number: ________________________  PCOM Email: _____________________________

Check One: ☐ Leave of Absence  ☐ Withdrawal

Reason Requested (Circle One): Medical  Military  Financial  Personal  Jury Duty  Other

Is this Leave or Withdrawal related to COVID? Check One: ☐ Yes  ☐ No

If You Answered Yes to COVID, Check One:
☐ Illness of Student or Family Member  ☐ Economic Hardship  ☐ Loss of Childcare
☐ Need to Be Caregiver or First Responder  ☐ Inability to Access Wi-Fi  ☐ Increase in Work Hours

If Yes to COVID, Provide a Brief Explanation: __________________________________________

Student must meet with their Associate Dean or Program Chair and the Office of Student Affairs for approval of
t heir leave of absence or withdrawal and receive their signature below.

Completed by Associate Dean or Program Chair:

• Leave Request has been reviewed and Approved to Begin on: ___/___/___ and End on: ______ (Ex: Fall 2022)
• Withdrawal Request has been reviewed and Approved to Begin on: ___/___/___

Signature of Associate Dean/Program Chair: _______________________________________

Signature of Student Affairs Officer: ________________________________________________

Student’s Signature: ____________________________________  Date: _________________

After completing Part A, student must forward this form to the Chief Student Services Officer - samuelmat@pcom.edu
The student will be contacted by PCOM Administration to finalize their withdrawal/leave of absence request.

Part B – Completed By PCOM Administration

Completed by Financial Aid Counselor

My signature verifies that I explained to the student the financial aid implications for withdrawing or taking a leave of absence which
included informing the student about loan repayment as well as the importance of the student to go to studentaid.gov to complete federal
exit counseling to establish their loan repayment plan as well as to determine the contact information for their federal student loan
servicer(s) should they have questions about loan repayment.

Financial Aid Counselor’s Signature: ___________________________  Date: _________________

Send to Sr. Program Manager - deborahca@pcom.edu

Completed by Sr. Program Manager

Leave of Absence Return Date: __________  Communication Schedule: _______

Dean’s Signature: ______________________  Date: _______________________

Completed form must be sent to Chief Student Services Officer - samuelmat@pcom.edu