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

Steps for Completion:

1. Student discusses Leave or Withdrawal from program with: Student Affairs Officer, Academic Dept. Chair, or Associate Dean for Clinical Education.
2. To initiate Leave or Withdrawal: Approval of either Student Affairs Officer, Associate Dean, or Associate Dean of Clinical Education (DO Program); Academic Department Chair (Graduate Programs)
3. Student must meet with Financial Aid Debt Counselor to discuss.
4. Student must meet with Sr. Program Manager who will submit to the Dean.
5. Dean to return form to Sr. Program Manager for processing.
6. Sr. Program Manager notifies all departments.

<table>
<thead>
<tr>
<th>Part A – Student’s Information: Completed by Student</th>
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<tbody>
<tr>
<td>Banner ID: ________________________________</td>
</tr>
<tr>
<td>Name: ________________________________________</td>
</tr>
<tr>
<td>Program: ______________________________________</td>
</tr>
<tr>
<td>Phone Number: ________________________________</td>
</tr>
<tr>
<td>Current Address: __________________________________</td>
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</tbody>
</table>

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

Leave And/Or Withdrawal – Covid Related (Check One):  □ Yes  □ No

Student’s Signature: ________________________ Date: ________________________

Request has been reviewed and Approved to Begin on: __/____/_____ and End on: __/____/_____  

Leave of Absences: Student must notify the Registrar’s office in writing no less than one month prior to the anticipated return date to active enrollment.

Signature of: Student Affairs Officer, Program Chair or Associate Dean
SIGNATURE: ________________________ Date: ________________________

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<tr>
<th>Part B – Completed By Financial Aid Counselor</th>
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Student has been advised that the granting of the Leave of Absence will affect their 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 I am responsible to discuss this with my lenders to determine the appropriate course of action.

Student’s Signature: ________________________ Date: ________________________

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<tr>
<th>Part C – Completed by Sr. Program Manager – 215-871-6707</th>
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Leave of Absence Return Date: ___________ Communication Schedule: ________________________

SR. PROGRAM MANAGER: _______________________ Date: ________________________

STUDENT’S SIGNATURE: _______________________ Date: ________________________

DEAN’s SIGNATURE: ________________________ Date: ________________________

Routing Information: □ Registrar □ Library □ IT □ Program Chair □ Associate Dean