

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 their 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