

Philadelphia College of Osteopathic Medicine

Leave of Absence Form

Dean's Office · Georgia Campus

625 Old Peachtree Road NW · Suwanee, GA 30024 · Tel: 678-225-7504 · Fax: 678-225-7509

INSTRUCTIONS:

1. **Student:** Complete **PART A**, attach letter explaining the request for Leave of Absence 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 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

To Resume Active Enrollment: The Student MUST notify the Registrar's Office in WRITING no less than one month PRIOR to the anticipated return date. **In the event of any questions, contact Registrar's office at 215-871-6704.**

Part A, Student's Information: Completed by Student

Banner ID/SSN: _____ **Date Leave Requested:** ____/____/____

Name: _____ **Program:** _____

Phone Number: _____ **E-mail:** _____

Current Address: _____

Reason Leave Requested (Check one): Medical Military Jury Duty Other

***Letter Must Be Attached to This Form Explaining the Reason for the Request**

Student's Signature: _____ **Date:** _____

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

Request for Leave of Absence has been reviewed and Approved to Begin on: ____/____/____ **and End on:** ____/____/____

Student must notify the Registrar's Office in writing no less than one month prior to the anticipated return date to active enrollment.

DEAN'S SIGNATURE: _____ **Date:** _____

Part C: Completed By Financial Aid Counselor, Georgia Tel: 678-225-7533 Philadelphia Tel: 215-871-6170

Student has been advised that the granting of the Leave of Absence 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 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 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 completion of leave process to Student