

Alabama College of Osteopathic Medicine Withdrawal Request



Student Name: _____
D.O.B.: ____/____/____ Phone Number: _____
Address: _____
_____ Email: _____

Instructions:

- Students considering withdrawing from ACOM should first contact the Associate Dean of Student Services to determine whether alternatives to withdrawal are available. Students receiving financial aid should **speak with Financial Aid BEFORE submitting this request**.
 - This form should be used to withdraw from **ALL** classes for the current semester
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Class Level: OMS1 OMS2 OMS3 OMS4

Term of Withdrawal: Fall Spring Summer Year: _____

Reason for Withdrawal (please check one)

Personal Medical Financial Transfer Other

Do you plan to return to ACOM? Yes _____ No
Term/Year/Date

Acknowledgement

I hereby request that I be withdrawn from all registered courses and/or from the Alabama College of Osteopathic Medicine. I understand that I am solely responsible for determining the impact of withdrawal upon my academic record, charges, and financial aid and affirm that I have considered and understand the effects of this withdrawal. Furthermore, I understand that full withdrawal from a term will require readmission to the College and supporting documents may be required.

Student Signature: _____ Date: _____
(Typed signatures cannot be accepted)

Please return completed form to: Office of the Registrar
445 Health Sciences Blvd | Dothan, AL 36303
registrar@acom.edu