

# Certification of Expected Enrollment 2026-2027



Name \_\_\_\_\_ ACOM ID # \_\_\_\_\_

**Enrollment Patterns:** A student's enrollment pattern may be classified as either Standard or Modified.

- Standard enrollment patterns by OMS level for typical, on-track D.O. students are shown in rows A-D in the table below.
- Enrollment patterns not matching one of the four standard options are classified as Modified. An individual may have a Modified enrollment pattern due to a number of factors such as his/her being required to repeat coursework, taking a leave of absence, postponing enrollment in OMS III or OMS IV coursework due to the delayed attainment of passing board scores, or enrolling in clinical courses with start/end dates that do not conform to the standard two or four week modules.
- For the purpose of determining the number of months of enrollment in each term, four weeks is equivalent to one month. For each term, # Months Enrolled = # Weeks Enrolled ÷ 4, rounded to the nearest whole number. Exclude weeks in which no coursework takes place (e.g., Spring Break).

## Instructions:

- 1) Review the following table. In the first column, select the letter corresponding to your expected enrollment pattern. If you select Modified, enter details into the fields within Row F.

| Expected 26/27 Academic Year Enrollment Pattern   |              |           |                 |           |             |  |
|---|--------------|-----------|-----------------|-----------|-------------|--|
| Number of Months Enrolled Per Term by Class Level |              |           |                 |           |             |  |
| Options<br>(Check One)                            | Pattern Type | OMS Level | Curriculum Type | Fall Term | Spring Term |  |
| <input type="checkbox"/> A.                       | Standard     | OMS I     | Preclinical     | 5         | 5           |  |
| <input type="checkbox"/> B.                       | Standard     | OMS II    | Preclinical     | 5         | 5           |  |
| <input type="checkbox"/> C.                       | Standard     | OMS III   | Clinical        | 5         | 5           |  |
| <input type="checkbox"/> D.                       | Standard     | OMS IV    | Clinical        | 5         | 4           |  |
| <input type="checkbox"/> E.                       | Standard     | OMS III   | Fellows Track   | 6         | 6           |  |
| <input type="checkbox"/> F.                       | Modified     | _____     | _____           | _____     | _____       |  |

- 2) If you selected Modified, indicate the primary reason.

(Check One) ☐ LOA ☐ Repeat Coursework ☐ Delayed Boards ☐ Other \_\_\_\_\_

- 3) Confirm your current cohort/graduating class.

(Check One) ☐ 2027 ☐ 2028 ☐ 2029 ☐ 2030 ☐ Other \_\_\_\_\_

4) Have you been awarded a scholarship, grant, stipend, tuition waiver, private loan, or other student financial assistance for the 2026-2027 academic year (06/29/26 – 06/25/27)?

☐ Yes

☐ No

5) Do you plan to enroll in any colleges or universities other than ACOM during any portion of the 2026-2027 academic year?

☐ Yes If you check yes, please provide the name of the other institution in which you plan to enroll: \_\_\_\_\_

☐ No

6) Do you have a child or children under the age of 12 and want to request that allowable dependent care costs be included in the determination of any awards of Federal Direct Student Loans for the 2026-2027 academic year?

☐ Yes

☐ No

7) Will you be enrolled in your final year of study in the Osteopathic Medicine program and attend medical residency interviews during the 2026-2027 academic year?

☐ Yes

☐ No

**By signing, I certify that I have read and agree to the following:**

I have read and understand all information on this form. All information provided on and/or with this form is true, complete, and correct to the best of my knowledge. Immediately upon determining that any of the information I have reported on this form has changed or is likely to change, I will notify the Office of Financial Aid by completing and submitting an additional Certification of Expected Enrollment Form.

Name \_\_\_\_\_

ACOM ID # \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Using your ACOM email account, submit your completed and signed form to [financialaid@acom.edu](mailto:financialaid@acom.edu).