

Certification of Expected Enrollment 2019-2020



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.

Instructions:

1) Review the following table. In the first column, circle the letter which corresponds to your expected enrollment pattern. If you select Modified, enter the details of your expected enrollment pattern in Row E.

Expected 19/20 Academic Year Enrollment Pattern Number of Months Enrolled Per Term by Class Level						Internal Use Only
Options (Circle One)	Pattern Type	OMS Level	Curriculum Type	Fall Term	Spring Term	Registrar or Clinical Sciences rep., review and enter initials below to validate student's report.
A.	Standard	OMS I	Preclinical	5	5	<input type="checkbox"/> Initial Report <input type="checkbox"/> Revised Report
B.	Standard	OMS II	Preclinical	5	5	
C.	Standard	OMS III	Clinical	5	6	
D.	Standard	OMS IV	Clinical	6	4	
E.	Modified	_____	_____	_____	_____	

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

(Circle One) LOA Repeat Coursework Delayed Boards Other _____

3) OMS IV Only - During which year and term do you expect to complete the curricular requirements for graduation?

(Circle One) 19/FA 20/SP Other _____

By signing, I agree to the following:

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

Name _____

ACOM ID # _____

Signature _____

Date _____

Signature Must be Handwritten in Ink

Signed forms may be submitted in person, emailed to financialaid@acom.edu, or mailed to the Office of Financial Aid, Alabama College of Osteopathic Medicine, 445 Health Sciences Blvd, Dothan, AL 36303. **Incomplete forms will not be processed.**