

# Certification of Expected Enrollment 2024-2025



**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, select the letter corresponding to your expected enrollment pattern. If you select Modified, enter the details of your expected enrollment pattern in Row E.

Expected 24/25 Academic Year Enrollment Pattern						
Number of Months Enrolled Per Term by Class Level						
Options (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.	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)  2025  2026  2027  2028  Other \_\_\_\_\_

4) Have you been awarded a scholarship, grant, stipend, tuition waiver, private loan, or other student financial assistance for the 2024-2025 academic year (07/01/2024 – 06/29/2025)?

Yes

No

5) Do you plan to enroll in any colleges or universities other than ACOM during any portion of the 2024-2025 academic year (07/01/2024 – 06/29/2025)?

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 2024-2025 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 2024-2025 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)