

# COMMISSION ON OSTEOPATHIC COLLEGE ACCREDITATION

## Applicant Status Request Form

Date of Submission:
Name of Proposed COM:
Name of CEO for Proposed COM:
Contact information for CEO: Phone: _____ Email: _____ Mailing Address: _____ _____

### Preferred liaison at the institution:

- CEO
- Other. Please provide name and contact information:

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

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Potential location of proposed COM:
Anticipated date of Feasibility Study submission:
Anticipated date of first matriculates:

### Application Fee:

Check for \$100,000 enclosed: Yes \_\_\_ No \_\_\_

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### *Office Use Only*

Date form received:
COM assigned to:
Date fee processed:
Applicant status letter mailed to proposed COM: