

# MEDICAL COLLEGE OF WISCONSIN AFFILIATED HOSPITALS, INC.

## Registrar Confirmation of Medical School Graduation Form

The Medical College of Wisconsin Affiliated Hospitals, Inc. (MCWAH) requires primary verification of your medical school graduation.

Please complete the top portion of this form, then send the entire form to your Medical School registrar as soon as possible. **The registrar will send it directly to MCWAH after you have graduated.**

You will not be able to begin your program until the Registrar Confirmation is returned to MCWAH from your medical school. **Please make sure you know the Registrar contact person's name, phone number and email address for this, in case you need to follow-up!**

If your name is different than that listed on your confirmation, please send copies of legal paperwork explaining name change (marriage certi

t, see ECFMG Certificate information.

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## AUTHORIZATION FOR REGISTRAR CONFIRMATION OF GRADUATION

\*Foreign Medical Graduates and Incoming housestaff from MCW or UW Medical Schools do not need to complete this form.

**PLEASE COMPLETE THE TOP PORTION**

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