

REQUEST FOR RETURN FROM TEMPORARY WITHDRAWAL

A temporarily withdrawn student may request to return to the Medical College of Wisconsin by completing Section 1 of this form and meeting with the appropriate School Official(s) as noted in Section 2 of this form.

Section 1

Name: _____
(Lastname) (Firstname) (Middle name)

Address: _____ Phone: _____
(Street) (City) (State) (Zip code)

Degree Program: _____ Program Director/Advisor: _____

End date of temporary withdrawal (MM/DD/YYYY): _____

\$UH \RX DQ LQWHUQDWLRQDO VWXGHQW ZLWK) YLVD" BBBBB
LQWHUQDWLRQDO VWXGHQW #PFZ HGX
'HVLJQDWHG 6FKRRO 2IILFLDO '62 6LJQDWXUH BBBBBBBBBBBBBB BBBBBBBBBBBBBB BBBBBBBBBBBBBB

I understand that the Request for Return from Temporary Withdrawal must be received by the Office of the Registrar no fewer than sixty (60) days prior to my anticipated return. Any changes to these dates, i.e., an earlier or later return date, must be submitted in writing for review. I acknowledge the following individuals or departments will be notified of my return and may require additional follow-up from me:

- x Office of Student Accounts: mcwtuition@mcw.edu 414-955-8172
- x Office of Student Financial Services: finaid@mcw.edu 414-955-8208
- x Office of Educational Improvement D2L and ExamSoft: imshelp@mcw.edu
- x Academic Support and Enrichment Services: Molly Falk-Steinmetz, mfalk@mcw.edu 414-955-8731
- x Health Insurance and Stipend:
 - o Graduate and MSTP students: Diane VerHaagh, dverhaagh@mcw.edu 548-0995
 - o MSA, Medical, and Pharmacy students: student_health@mcw.edu

Student Signature: _____ Date: _____

Section 2

School Officials:

- x Graduate School: Angie Backus, backusa@mcw.edu 414-955-8172
- x Master of Science in Anesthesia Program: Kyle Gohar, Prog. Dir.; Daniel Garcia, dgarcia@mcw.edu 414-955-8256
- x Medical School: Dr. Raj Narayan, Associate Dean for Students, School of Medicine, rajnarayan@mcw.edu 414-955-8256
- x School of Pharmacy: DAbir El-Alfy, Assistant Dear for Student Affairs, aalalfy@mcw.edu 414-955-2891

School Official Signature: _____ Date: _____

ALL COMPLETED FORMS MUST BE IMMEDIATELY RETURNED BY SCHOOL OFFICIAL TO:
Office of the Registrar M3200, 8701 Watertown Plank Road, Milwaukee, WI 53226 cadreg@mcw.edu 414-955-8733

Registrar Signature: _____ Date: _____