MEDICAL COLLEGE OF WISCONSIN

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A temporarily withdrawn student may request to return to the Medical College of Wisconsin by completing Section 1 of this form and meeting with the appropriate School Official(s) as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:_____
(Last name) (First name) (Middle name)

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

Degree Program:_____Program Director/Advisor: _____

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

Are you an international student with F1 visa? Pick One

*All international students with F-1 immigration status must consult a Designated School Official at internationalstudent@mcw.edu

Designated School Official (DSO) Signature: _____Date: _____

I understand that this *Request for Return from Temporary Withdrawal* form 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 also acknowledge the following individuals or departments will be notified of my return and may require additional follow-up from me:

- Office of Student Accounts: mcwtuition@mcw.edu /414-955-8172
- Office of Student Financial Services: finaid@mcw.edu /414-955-8208
- Office of Educational Improvement: Brightspace and ExamSoft, lmshelp@mcw.edu
- Academic Support and Enrichment Services: Molly Falk-Steinmetz, msteinmetz@mcw.edu /414-955-8731
- Health Insurance and Stipend:
  - Graduate and MSTP students: gradinsurance@mcw.edu
  - MSA, Medical, and Pharmacy students: student_health@mcw.edu

Student Signature: _____ **Date:** _____

Section 2

School Officials:

- School of Graduate Studies: Angie Backus, Director of Enrollment & Student Services, gradschool@mcw.edu /414-955-8218
- Master of Science in Anesthesia Program: Amanda Esposito Program Director, aesposito@mcw.edu /414-955-5685
- Medical School: Dr. Raj Narayan, Associate Dean for Students, School of Medicine 414-955-8256
  Dr. Jed Calata is Assistant Dean, School of Medicine SOMstudentLOA@mcw.edu / 414-955-1484
- School of Pharmacy: Dr. Abir El-Alfy, Assistant Dean for Student Affairs, aelalfy@mcw.edu /414-955-2891

Required 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 · acadreg@mcw.edu /414-955-8733

Registrar Signature: _____ **Date:** _____