



## 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A temporarily withdrawn student may request to return to the Medical College of Wisconsin by completing Section 1 of this form and meeting with the appropriate School Official(s) as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?** \_\_\_\_\_

\*All international students with F-1 immigration status must consult a Designated School Official at [internationalstudent@mcw.edu](mailto: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](mailto:mcwtuition@mcw.edu) /414-955-8172
- Office of Student Financial Services: [finaid@mcw.edu](mailto:finaid@mcw.edu) /414-955-8208
- Office of Educational Improvement: Brightspace and ExamSoft, [lmshelp@mcw.edu](mailto:lmshelp@mcw.edu)
- Academic Support and Enrichment Services: Molly Falk-Steinmetz, [msteinmetz@mcw.edu](mailto:msteinmetz@mcw.edu) /414-955-8731
- Health Insurance and Stipend:
  - Graduate and MSTP students: [gradinsurance@mcw.edu](mailto:gradinsurance@mcw.edu)
  - MSA, Medical, and Pharmacy students: [student\\_health@mcw.edu](mailto: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](mailto:gradschool@mcw.edu) /414-955-8218
- Master of Science in Anesthesia Program: Kyle Goham, Prog. Dir.; Daniel Garcia, [dgarcia@mcw.edu](mailto:dgarcia@mcw.edu) /414-955-5607
- Medical School: Dr. Raj Narayan, Associate Dean for Students, School of Medicine [rnarayan@mcw.edu](mailto:rnarayan@mcw.edu) /414-955-8256
- School of Pharmacy: Dr. Abir El-Alfy, Assistant Dean for Student Affairs, [aelfy@mcw.edu](mailto:aelfy@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](mailto:acadreg@mcw.edu) /414-955-8733

**Registrar Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_