# REQUEST FOR TEMPORARY OR PERMANENT WITHDRAWAL

A current student may request to temporarily or permanently withdraw from the Medical College of Wisconsin by completing Section 1 of this form and submitting the form to the School Official and the Office of the Registrar.

**Section 1**

Name: _____

(Last name) (First name) (Middle name)

Address: _____

(Street) (City) (State) (Zip code)

Phone: _____ Non-MCW/Personal E-mail Address: _____

Check this box if you authorize the Offices of Financial Aid and/or Student Accounts to correspond with you at your personal email address concerning exit interviews, financial aid including loans, outstanding fees and tuition:

Check one: Permanent Withdrawal ☐ or Temporary Withdrawal ☐ Reason for withdrawal: _____

Anticipated date of return from temporary withdrawal (MM/DD/YYYY): _____

**All students are required to monitor their MCW email for correspondence related to tuition or financial aid. Failure to do so may result in a hold on your future registration, and may lead to debt collections.**

Office of Student Accounts: mcwtuition@mcw.edu /414-955-8172
Office of Student Financial Services: finaid@mcw.edu /414-955-8208

**Please direct any questions regarding health insurance coverage while on temporary withdrawal to one of the following contacts:**

Graduate and MSTP students: gradinsurance@mcw.edu
MSA, Medical and Pharmacy students: student_health@mcw.edu

**Are you an international student with F-1 visa?** Select One

***All international students with F-1 immigration status must consult a Designated School Official prior to any withdrawal,** internationalstudent@mcw.edu

**Designated School Official (DSO) Signature:** _____ **Date:** _____

**All students are also required to contact the appropriate School Official:**

- 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

As a condition of permanent or temporary withdrawal, I understand: 1.) It is not permissible for me to continue MCW coursework i.e. dissertation, thesis, CPD, Pathways, etc. while withdrawn, 2.) I acknowledge that a leave of absence is a break in my enrollment and that I am subject to any changes in curriculum upon my re-enrollment. 3.) The *Request for Return from Temporary Withdrawal* form must be received by the Office of the Registrar no fewer than 60 days prior to my anticipated return, and any change to these dates must be submitted in writing for review, 4.) After permanent withdrawal, I must apply for readmission if I ever wish to return to MCW, and 5.) I acknowledge the following individuals or departments will be notified of my withdrawal and may require additional follow-up from me: Information Services, Library, Office of Educational Improvement, Public Safety and Student Health and Wellness. (If applicable, check the appropriate insurance options.)

**Upon signing this form, forward it to the School Official and the Office of the Registrar.**

**Student Signature:** _____ **Date:** _____

**Section 2**

School Officials:

- **Determine date on which we first learn of the students' intent to withdraw (aka Date of Determination) (MM/DD/YYYY):** _____
- **Determine last date of academic activity (i.e. attending class or taking an exam at MCW) (MM/DD/YYYY):** _____
- **Determine new Expected Graduation Date (MM/DD/YYYY):** _____

**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:** _____