



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

Non-MCW/Personal Email 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.

Office of Student Accounts: mcwtuition@mcw.edu /414-955-8172

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

Are you an international student with F-1 visa? _____

*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: Kyle Goham, Program Director, kgoham@mcw.edu /414-955-5647
- Medical School: Dr. Raj Narayan, Associate Dean for Students, School of Medicine marayan@mcw.edu /414-955-8256
- School of Pharmacy: Dr. Abir El-Alfy, Assistant Dean for Student Affairs, aelfy@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 while withdrawn, 2.)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.)

Health Insurance and Stipend:

- Graduate and MSTP students: Diane VerHaagh, dverhaagh@mcw.edu /414-955-8090
- MSA, Medical and Pharmacy students: student_health@mcw.edu

I am currently enrolled in the following MCW insurance plan(s): Dental Insurance Health Insurance

I elect to continue MCW Dental Insurance coverage and/or MCW Health Insurance coverage

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 of first contact (aka Date of Determination) with student regarding withdrawal (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: _____