MEDICAL COLLEGE OF WISCONSIN

SINGLE CLASS WITHDRAWAL FORM

A current student may request to withdraw from a single class by completing Section 1 of this form after the add/drop deadline has passed. The student must receive authorization from the appropriate School Official as noted in Section 2 of this form. A student who wishes to withdraw from all classes in a term must complete a Request for Temporary or Permanent Withdrawal.

Section 1

Name: _____
(Last name) (First name) (Middle name)

Program: _____

MCW Email Address: _____

Term for which you are requesting the class withdrawal(s): Fall Spring Summer (Graduate School only)

Class(es) for which you would like to withdraw:
(i.e. Subject: PUBH, Course Number: 18203, CRN: 01234)

Subject: _____ Course Number: _____ CRN - **C**ourse **R**eference **N**umber: _____
Last Date of Class Attendance (MM/DD/YYYY): _____*Date will be confirmed with course director.*

Subject: _____ Course Number: _____ CRN - **C**ourse **R**eference **N**umber: _____
Last Date of Class Attendance (MM/DD/YYYY): _____*Date will be confirmed with course director.*

Subject: _____ Course Number: _____ CRN - **C**ourse **R**eference **N**umber: _____
Last Date of Class Attendance (MM/DD/YYYY): _____*Date will be confirmed with course director.*

I hereby request to withdraw from the class(es) referenced above. I understand that I will receive a final grade of W - Withdrawn and no credit, and that the class(es) do not count toward my enrollment status (e.g. full-time, half-time).

Student Signature: _____ Date: _____

Section 2

School Officials:

- Graduate School: Angie Backus, Director of Enrollment & Student Affairs, abackus@mcw.edu /414-955-5670
  or Neil Hogg, Associate Dean, nhogg@mcw.edu/414-955-4012
- 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 rnarayan@mcw.edu /414-955-8256 or
  Dr. Jed Calata is Assistant Dean, School of Medicine jcalata@mcw.edu / 414-955-1484
- School of Pharmacy: Dr. Abir El-Alfy, Assistant Dean for Student Affairs, aelalfy@mcw.edu /414-955-2891

Note: All international students in F-1 immigration status must consult Angie Backus at abackus@mcw.edu.

I approve/deny the student's request as noted above.

Required School Official Signature: _____ Date: _____

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

Registrar Signature: _____ Date: _____