



**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 - Course Reference Number: \_\_\_\_\_

Last Date of Class Attendance (MM/DD/YYYY): \_\_\_\_\_ *Date will be confirmed with course director.*

Subject: \_\_\_\_\_ Course Number: \_\_\_\_\_ CRN - Course Reference Number: \_\_\_\_\_

Last Date of Class Attendance (MM/DD/YYYY): \_\_\_\_\_ *Date will be confirmed with course director.*

Subject: \_\_\_\_\_ Course Number: \_\_\_\_\_ CRN - Course Reference Number: \_\_\_\_\_

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 I understand that I will receive a final grade of W - Withdrawn and no credit, and that the class(es) do not count toward my enrollment status (e.g. full-time, half-time).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](mailto:abackus@mcw.edu) /414-955-5670 or Neil Hogg, Associate Dean, [nhogg@mcw.edu](mailto:nhogg@mcw.edu)/414-955-4012
- Master of Science in Anesthesia Program: Kyle Goham, Program Director, [kgoham@mcw.edu](mailto:kgoham@mcw.edu) /414-955-5647
- 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

Note: All international students in F-1 immigration status must consult Angie Backus at [abackus@mcw.edu](mailto: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](mailto:acadreg@mcw.edu) /414-955-8733

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