



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 I understand that I will receive a final grade of W - Withdrawn and no credit, and that the class(es) do not count toward my enrollment status (e.g. full-time, half-time).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 /414-955-5670 or Neil Hogg, Associate Dean, nhogg@mcw.edu/414-955-4012
- Master of Science in Anesthesia Program: Michael Stout, Program Director; contact Abby Haak, ahaak@mcw.edu /414-955-5608
- Medical School: Dr. Carol Ping Tsao, Associate Dean for Student Affairs, ctsao@mcw.edu /414-955-8256
- School of Pharmacy: Joel Spiess, Program Manager for Academic Affairs, jspiess@mcw.edu /414-955-2858

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:** _____