



CROSS MCW-CAMPUS REGISTRATION

A current medical student may request registration in class(es) offered at another MCW campus by completing Section 1 of this form, and meeting with the appropriate campus dean as noted in Section 2 of this form.

Section 1

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

Home campus (circle one): CW GB MKE

Campus where you would like to register (circle one): CW GB MKE

Term for which you would like to register: Fall Spring Year: \_\_\_\_\_

Class(es) for which you would like to register: (Subject: SURG, Course Number: D4608, CRN: 9137, Dates: 7/2-7/30)

Subject: Course Number: Course Reference Number: Start Date: End Date:
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Note: The class start/end dates at each campus vary. Therefore, specific dates must be included on this form. If the dates are different from what is offered, the OTR will work with the course contacts for class date change requests. The OTR will register MCW students for approved classes at another MCW campus after May 1st for fall registration and November 1st for spring registration and before any add/drop deadlines. The OTR will notify students and campus deans of registration via email.

Add/Drop Deadlines:

Table with 2 columns: Month Rotation Begins, Add/Drop Deadline. Rows include months from July to June with corresponding deadlines.

Reason for request: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Section 2

I approve the student's class choice(s) as noted above. I verify the student has met the course prerequisites and restrictions.

Required Campus Dean Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ALL COMPLETED FORMS MUST BE SUBMITTED BY CAMPUS DEAN TO (with copy to Associate Dean of Curriculum for final sign off): Office of the Registrar, M3200, 8701 Watertown Plank Road, Milwaukee, WI 53226 · acadreg@mcw.edu /414-955-8733

Section 3

I approve the student's class choice(s) as noted above.

Associate Dean of Curriculum Signature: \_\_\_\_\_ Date: \_\_\_\_\_