



REQUEST FOR RETURN FROM TEMPORARY WITHDRAWAL

A temporarily withdrawn student may request to return to the Medical College of Wisconsin by completing Section 1 of this form and meeting with the appropriate School Official(s) as noted in Section 2 of this form.

Section 1

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

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

Degree Program: _____ Program Director/Advisor: _____

End date of temporary withdrawal (MM/DD/YYYY): _____

I understand that this *Request for Return from Temporary Withdrawal* form must be received by the Office of the Registrar no fewer than sixty (60) days prior to my anticipated return. Any changes to these dates, i.e., an earlier or later return date, must be submitted in writing for review. I also acknowledge the following individuals or departments will be notified of my return and may require additional follow-up from me:

- Office of Student Accounts: mcwtuition@mcw.edu /414-955-8172
- Office of Student Financial Services: finaid@mcw.edu /414-955-8208
- Office of Educational Improvement: D2L and ExamSoft, lmshelp@mcw.edu
- Academic Support and Enrichment Services: Molly Falk-Steinmetz, msteinmetz@mcw.edu /414-955-8731
- 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

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, Prog. Dir.; 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, Coordinator of 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.

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:** _____