

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A temporarily withdrawn student may request to return to the Medical College of Wisconsin by completing Section 1 of this form and meeting with the appropriate School Official(s) as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: \_\_\_\_\_  
(Lastname) (Firstname) (Middle name)

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Street) (City) (State) (Zip code)

Degree Program: \_\_\_\_\_ Program Director/Advisor: \_\_\_\_\_

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

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LQWHUQDWLRQDO VWXGHQW #PFZ HGX  
'HVLJQDWHG 6FKRRO 2IILFLDO '62 6LJQDWXUH BBBBBBBBBBBBBB BBBBBBBBBBBBBB BBBBBBBBBBBBBB

I understand that the Request for Return from Temporary Withdrawal 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 acknowledge the following individuals or departments will be notified of my return and may require additional follow-up from me:

- x Office of Student Accounts: [mcwtuition@mcw.edu](mailto:mcwtuition@mcw.edu) 414-955-8172
- x Office of Student Financial Services: [finaid@mcw.edu](mailto:finaid@mcw.edu) 414-955-8208
- x Office of Educational Improvement D2L and ExamSoft: [imshelp@mcw.edu](mailto:imshelp@mcw.edu)
- x Academic Support and Enrichment Services: Molly Falk-Steinmetz, [mfalk@mcw.edu](mailto:mfalk@mcw.edu) 414-955-8731
- x Health Insurance and Stipend:
  - o Graduate and MSTP students: Diane VerHaagh, [dverhaagh@mcw.edu](mailto:dverhaagh@mcw.edu) 548095
  - o MSA, Medical, and Pharmacy students: [student\\_health@mcw.edu](mailto:student_health@mcw.edu)

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

Section 2

School Officials:

- x Graduate: Angie Backus, [backusa@mcw.edu](mailto:backusa@mcw.edu) 414-955-8172
- x Master of Science in Anesthesia Program: Kyle Gohar, Prog. Dir.; Daniel Garcia, [dgarcia@mcw.edu](mailto:dgarcia@mcw.edu) 414-955-8256
- x Medical School: Dr. Raj Narayan, Associate Dean for Students, School of Medicine, [rajnarayan@mcw.edu](mailto:rajnarayan@mcw.edu) 414-955-8256
- x School of Pharmacy: DAbir El-Alfy, Assistant Dear for Student Affairs, [aalalfy@mcw.edu](mailto:aalalfy@mcw.edu) 414-955-2891

5 H Tuired 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 [cadreg@mcw.edu](mailto:cadreg@mcw.edu) 414-955-8733

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