

## REQUEST FOR TEMPORARY OR PERMANENT WITHDRAWAL

A current student may request to temporarily or permanently withdraw from the Medical College of Wisconsin by completing Section 1 of this form and submitting the form to the 6 F K R R O 2 I I L F I D O F D E R G I S T R A R H

### Section 1

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

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

Non-MCW/Personal Email Address: \_\_\_\_\_

Check this box if you authorize the Offices of Financial Aid and/or Student Accounts to correspond with you at your personal email address concerning exit interviews, financial aid including loans, outstanding fees and tuition:

Check one: Permanent Withdrawal or Temporary Withdrawal Reason for withdrawal: \_\_\_\_\_

Anticipated date of return from temporary withdrawal (MM/DD/YYYY): \_\_\_\_\_

- Master of Science in Anesthesia Program: Kyle Goham, Program Director
- Medical School: Dr. Raj Narayan, Associate Dean for Students, School of Medicine

[marayan@mcw.edu](mailto:marayan@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

As a condition of permanent or temporary withdrawal, I understand: 1.) It is not permissible for me to continue MCW coursework i.e. dissertation, thesis, CPD, Pathways, etc. while withdrawn, 2.) , D F N Q R Z W K D V H L O E B H L O N P I Q U R O O F H K D W X E M W R Q W F K D G X H U I L K S G X B A H Q U R O O P H Q W

The Request for Return from Temporary Withdrawal form must be received by the Office of the Registrar no fewer than 60 days prior to my anticipated return, and any change to these dates must be submitted in writing for review, .) After permanent withdrawal, I must apply for readmission if I ever wish to return to MCW, and .) I acknowledge that I am responsible for all financial obligations to the University of Wisconsin-Madison, including but not limited to tuition, fees, and other charges, and I understand that I will be responsible for these obligations until I am readmitted to the University of Wisconsin-Madison.

- Graduate and MSTP students: Diane VerHaagh, [dverhaagh@mcw.edu](mailto:dverhaagh@mcw.edu)
- MSA, Medical and Pharmacy students: [student\\_health@mcw.edu](mailto:student_health@mcw.edu)