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A temporarily withdrawn student may request to return to the Medical College of Wisconsin by completing Section 1 of this form and meeting with the appropriate School Official(s) as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

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LQWHUQDWLRQDOVWXGHQW#PFZ HGX

'HVLJQDWHG 6FKRRO 2IILFLDO '62 6LJQDWXUH BBBBBBBBBBBBBBBBBBBBBBBB 'DWH BBBBBBBBBBBBBBBBBBBBBB

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 a 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 %ULJKW VSDFH 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: JUDGLQVXUDQFH#PFZ HGX
  - MSA, Medical, and Pharmacy students: student_health@mcw.edu

Student Signature:____ Date:______________

Section 2

School Officials:

- 6FKRRO RI Graduate 6WXGLHV: Angie Backus, DH FWXRU±@ G -a'\ Ý…o A4 F uÀ ØX† A ®ê !Qe`Ð • T Úà¬ „
- yan, Associate Dean for Students, School of Medicine inarayan@mcw.edu/414-955-8256
- El-Alfy, Assistant Dean for Student Affairs, aelalfy@mcw.edu/414-955-2891

5HTuired School Official Signature:__________________________________ Date:______________