REQUEST FORJ /G.Q(F)34(RJ M4-T)- /P <RJ /G.Q(F)- 0 (ARY)345-T(F)34(RJG.Q)-TE(F)- 0 (RJ /A

Check one: Permanent Withdrawal ☐ or Temporary Withdrawal ☐ Reason for withdrawal: ______________________

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

$OOVWXGHQWVTXLUHGWRQLWRU&WKHPDLURIHUUHVSRQGHQFHWRWKHLUPCWIRQDQFLDOLWXHV VRUPHDVXUOHWRDQG \RXU IXUWKHUIRUPHVWUDWLRQ

Office of Student Accounts: mcwtuition@mcw.edu/414-955-8172

Office of Student Financial Services: finaid@mcw.edu/414-955-8208

All international students with F-1 immigration status must consult Angie Backus at abackus@mcw.edu

All students are also required to contact the appropriate School Official:

- Graduate School: Angie Backus, Director of Enrollment & Student Affairs, abackus@mcw.edu/414-955-5670
  or Sarah Ashworth, Education Program Coordinator II, sashworth@mcw.edu/414-955-4840
- Master of Science in Anesthesia Program: Kyle Goham, Interim Program Director, kgoham@mcw.edu/414-955-5647
- Medical Sch0 Tw 11.045h0 Tw /TTe (d)--.045h0 T55 Tm <0078>Tj ET Q q 0 0 612 7 410. 0 0 612 7-955-8256n BT 0 g /TThl r. a araan sciae ean for Sd
- School of Pharmacy: Dr. Abir El-Alfy, Assistant Dean for Student Affairs, aelalfy@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 or dissertation, thesis, CPD, Pathways, etc. while withdrawn, 2.) 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, 3.) After permanent withdrawal, I must apply for readmission if I ever wish to return to MCW, and 4.) I acknowledge the following individuals or departments will be notified of my withdrawal and may require additional follow-up from me: Information Services, Library, Office of Educational Improvement, Public Safety and Student Health and Wellness. (If applicable, check the appropriate insurance options.)

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

I am currently enrolled in the following MCW insurance plan(s): Dental Insurance ☐ Health Insurance ☐

I elect to continue MCW Dental Insurance coverage ☐ and/or MCW Health Insurance coverage ☐

Upon signing this form, forward it to the Office of the Registrar at acadreg@mcw.edu

Student Signature: ____________________________________________ Date: ______________

Section 2

Office of the Registrar/School Officials:

- Determine date of first contact (aka Date of Determination) with student regarding withdrawal (MM/DD/YYYY): ________________
- Determine last date of academic activity (i.e. attending class or taking an exam at MCW) (MM/DD/YYYY): ________________
- Determine new Expected Graduation Date (MM/DD/YYYY): ______________________________

Required School Official Signature: ____________________________________________ Date: __________

Registrar Signature: ____________________________________________ Date: __________

ALL COMPLETED FORMS MUST BE RETURNED TO: Office of the Registrar, M3200, 8701 Watertown Plank Road, Milwaukee, WI 53226
acadreg@mcw.edu/414-955-8733