

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A temporarily withdrawn student may request to return to the Medical College of Wisconsin by completing Section 1 of this form and meeting with the appropriate School Official(s) as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
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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 414-955-8172
- x Office of Student Financial Services: finaid@mcw.edu 414-955-8208
- x Office of Educational Improvement % U L J K W D S D n S o f t mshelp@mcw.edu
- x Academic Support and Enrichment Services: Molly Falk-Steinmetz steinmetz@mcw.edu 414-955-8731
- x Health Insurance and Stipend:
 - o Graduate and MSTP students: [JUDGLQVXUDQFH#PFZ HGX](mailto:JUDGLQVXUDQFH#PFZHGX)
 - o MSA, Medical, and Pharmacy students: student_health@mcw.edu

Student Signature: _____ Date: _____

Section 2

School Officials:

- x 6 F K R R Graduate S W X G L H V: Angie Backus DHFWXRU@G-a\Y...oA4FuAØX†A®ê!Qe`Đ•TÚà-„
- van, Associate Dean for Students, School of Medicine imeyan@mcw.edu 414-955-8256
- El-Alfy, Assistant Dear for Student Affairs, aelalfy@mcw.edu 414-955-2891

5 H Tuired School Official Signature: _____ Date: _____