



INTERNATIONAL STUDENT NOTIFICATION OF INTENT NOT TO RETURN TO MSOE NEXT QUARTER



Return to:
MSOE Registrar's Office
1025 North Broadway
Milwaukee, WI 53202-3109

Fax: (414) 277-6914
Phone: (414) 277-7215
Room: CC-365

If you are withdrawing from a quarter that currently is in progress, please use the "Withdrawal From All Classes" form.

Name (please print) _____

Student number _____

Program of study _____

Last quarter in attendance _____

Have you registered for next quarter's classes? Yes No

Do you have an MSOE laptop computer? Yes No
If yes, you must return it to CCSD User Services (S-301).

CCSD User Services signature

Reason for leaving MSOE (please check all that apply.)

- | | |
|--|---|
| <input type="checkbox"/> Transferring to _____ | <input type="checkbox"/> Dissatisfied with my academic performance |
| <input type="checkbox"/> Changing major to _____ | <input type="checkbox"/> Dissatisfied with the learning environment |
| <input type="checkbox"/> Do not have enough money to continue | <input type="checkbox"/> Unsure of my academic goals |
| <input type="checkbox"/> Could not obtain sufficient financial aid | <input type="checkbox"/> Dissatisfied with the student life on campus |
| <input type="checkbox"/> Could not both work and go to school | <input type="checkbox"/> Dissatisfied with the quality of teaching |
| <input type="checkbox"/> Change in personal circumstances | <input type="checkbox"/> Health/illness |
| <input type="checkbox"/> College experience not what I expected | <input type="checkbox"/> Other _____ |

Explanation: _____

Do you plan to return to MSOE? (If yes, when?)

To what address would you like your mail forwarded?

Do not change address

Please forward mail to: _____

Signature from international student adviser in Student Life Office _____ Date _____
Comments: _____

Student signature _____ Date _____

Registrar's Office signature (CC-365) _____ Date _____