



# 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 IT User Services (S-301).

\_\_\_\_\_  
IT 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 \_\_\_\_\_