



# INTERNATIONAL STUDENT WITHDRAWAL FROM ALL CLASSES



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

Phone: (414) 277-7215  
Fax: (414) 277-6914

**The withdrawal deadline is 4:30 p.m. on Friday of the 10th week of the quarter.**

Tuition refunds will be based on the official withdrawal date **not** on the date of last class attendance. The official withdrawal date is the date this completed form is received by the Registrar's Office. See *Timetable of Classes* for refund schedule.

Name (please print) \_\_\_\_\_

Student number \_\_\_\_\_

What is your visa status:  F-1  Other \_\_\_\_\_

Quarter from which you are withdrawing \_\_\_\_\_

Program of study \_\_\_\_\_

Are you receiving **financial aid**?  Yes  No

If yes, and if you have any questions about how this withdrawal will affect your financial aid, please call (414) 277-7223.

Do you have an MSOE **laptop computer**?  Yes  No

If yes, you must return it to CCSD User Services.

\_\_\_\_\_  
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?  No  Yes (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: \_\_\_\_\_

Housing Office signature (If living in residence halls) \_\_\_\_\_ Date \_\_\_\_\_

Student signature \_\_\_\_\_ Date \_\_\_\_\_

Registrar's Office signature (CC-365) \_\_\_\_\_ Date \_\_\_\_\_