



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.)

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

Student signature _____ Date _____

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