



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 _____

Quarter from which you are withdrawing _____

Program of study _____

Are you receiving **veteran's benefits**? Yes No

If yes, please notify the veteran's coordinator at (414) 277-7223 of your withdrawal.

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: _____

Counseling Services signature (K-230) _____ Date _____

Housing Office signature (If living in residence halls) _____ Date _____

Student signature _____ Date _____

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