



Withdrawal From All Classes and/or Intent Not to Return

Return to:
MSOE Registrar's Office
1025 North Broadway
Milwaukee, WI 53202-3109
Room: CC-365

Fax: (414) 277-6914
Scan and email: registrar@msoe.edu
Phone: (414) 277-7215

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

Student number _____ Name _____

Program/Major _____

Complete one of the following options with the appropriate year(s) and term(s):

- I am withdrawing from the _____ quarter.
- I have completed, or plan to complete, the _____ quarter but will not attend the _____ quarter.

Do you plan to return to MSOE in the future? If yes, when? _____

Required signatures and other suggested contacts

- Students with MSOE laptop: signature verifying return of laptop to IT Help Desk _____
- Students living in residence halls: signature of Residence Life staff member _____
- Students attending MSOE on a student visa: signature of international student advisor _____
- If you are receiving veteran's benefits, please notify the veteran benefits coordinator of your plans before submitting this form.
- If you are receiving financial aid and have questions about how this action will affect your aid, please contact the Financial Aid Office prior to submitting this form.
- If you have questions about your tuition or any potential refund, please contact the Student Accounts Office.

Reason for withdrawing or not returning:

- | | |
|--|---|
| <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"/> Family obligation |

Explanation/Other: _____

Contact Information

Non-MSOE email address _____

To what address would you like your mail forwarded?

Student signature _____ Date _____

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