



Withdrawal, Leave of Absence or University Departure

Return to: MSOE Registrar's Office, CC-377
1025 N. Broadway, Milwaukee, WI 53202-3109
Phone: (414) 277-7215 / Fax: (414) 277-6914
Scan and email: registrar@msoe.edu

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

Name _____
Last First Middle initial

Student number _____ Program/Major _____

Check all that apply:

- Withdraw me from the following current term(s): Fall Winter Spring Summer
- I am taking a leave of absence. My anticipated leave of absence is from _____ to _____ (if known).
- I am departing from the university and do not plan to return.

Required signatures before submitting this form:

- If you have an MSOE laptop, contact IT Help Desk _____
IT signature
- If you are living in an MSOE residence hall, contact a residence hall staff member _____
Residence Life staff member signature
- If you are attending MSOE on a student visa, contact your international student advisor _____
International student advisor signature
- If you are requesting a medical withdrawal or leave of absence, contact the Dean of Students Office _____
Dean of Students signature

Reason for withdrawal, leave of absence or departure:

- Transferring to: _____
- Changing major to: _____
- Academic or campus experience:
 - Unsure of academic goals Plan to pursue a path not offered by MSOE Academic performance Learning environment
 - Student life on campus Struggling to adjust to college outside of my classes and/or to connect with other students
- Financial challenges:
 - Insufficient funds Financial aid related Unexpected financial hardship Work related
- Change in personal circumstances:
 - Health/illness Family obligation/emergency Non-school responsibilities became too great
- Other/explanation: _____

Contact information

Non-MSOE email address: _____ Phone _____

Mailing address:

Street / City / State / ZIP

Student signature Date

Registrar's Office signature Date