

**Complete and return this form to:**

University of Rochester - Simon Business School  
Office of the Registrar  
245R Gleason Hall  
[registrar@simon.rochester.edu](mailto:registrar@simon.rochester.edu)  
Phone: (585) 275-3533 / Fax: (585) 271-3907



**REENTRY FORM**

**Directions**

- Use this form to readmit students who have been previously withdrawn, dropped, suspended or have taken a leave of absence.
- Scholarship information (if applicable) must be completed by Admissions.

**Student Name:** \_\_\_\_\_ **UID#:** \_\_\_\_\_  
*Please print Last First MI*

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*month/day/year*

**Advisor's Signature:** \_\_\_\_\_  
*Date Print Name*

*To be completed by Office of Student Engagement or Department Advisor*

**Student is approved to reenter from:**

- Leave of Absence     Medical Leave\*     Withdrawal     Involuntary Separation

*\*A medical leave requires the approval of the University Health Services (UHS) or University Counseling Center (UCC) to return.*

**Student is approved to reenter into the following program:**

- FT 2 Year Master of Business Administration    \_\_\_\_\_ STEM    \_\_\_\_\_ Non-STEM
- FT MBA/MD Joint
- Executive MBA (EMBA)
- FT Master of Science in Accountancy
- FT Master of Science in Business Analytics
- FT Master of Science in Finance
- FT Master of Science in Marketing Analytics
- PT MBA Professional
- PT Master of Science in Medical Management    \_\_\_\_\_ 1 year    \_\_\_\_\_ 2 year
- PhD
- Wealth Management     Bern

**New Program Effective date:** \_\_\_\_\_ **Expected semester/year of graduation:** \_\_\_\_\_

*To be completed by Admissions*

**Distribution of scholarship**

Change to Scholarship    \_\_\_\_\_ yes    (New scholarship amount sent to Bursar)    \_\_\_\_\_ no

Distribution of Scholarship for remainder of academic year:    \_\_\_\_\_ Fall semester    \_\_\_\_\_ Spring semester    \_\_\_\_\_ Summer

**Official Transcript/Test Scores received**    \_\_\_\_\_ yes    \_\_\_\_\_ no

\_\_\_\_\_ *Admission's signature*    \_\_\_\_\_ *Date*    \_\_\_\_\_ *Print Name*

*\*Registrar's Office Use Only\**

*Revision: 3/2020*

*Date Received: \_\_\_\_\_ Date Processed: \_\_\_\_\_ By: \_\_\_\_\_ Darden updated: \_\_\_\_\_ ISIS updated: \_\_\_\_\_ Distributed \_\_\_\_\_*