Student Reentry Form
Simon Graduate School of Business, University of Rochester
Registrar’s Office, 305 Schlegel Hall

Directions:
- Use this form to readmit students who have been previously withdrawn, dropped or placed on a leave of absence and wish to return to the Simon School.
- Scholarship information (if applicable) must be completed by Admissions.
- Return the completed form to the Registrar’s Office for processing.

Student Name:

Student signature: ________________________________________________________________

UID#: __________________________ Are you an international student? ______ Yes _____ No

Effective Date of Reentry: _______________ Effective Quarter of Reentry: ________________

Student plans to reenter in the following program:

_____ MBA  ____ Full-time  ____ Part-time

_____ MSA (Master of Science in Accountancy)  ____ Full-time  ____ Part-time

_____ MSB (Master of Science in Business Administration)  ____ Full-time  ____ Part-time

_____ MSF (Master of Science in Finance)  ____ Full-time  ____ Part-time

_____ MSM (Master of Science in Management)  ____ Full-time  ____ Part-time

_____ PhD

List Concentrations: ________________________________________________________________

Indicate the student’s anticipated graduation term (this information is required to update the student records system): _______________________________________________________________________

Comments: __________________________________________________________________________

Approval Signature

________________________________________________________________________________

Advisor                      Date

Distribution of scholarship for remainder of academic year as approved by Admissions:

_______ fall _______ winter _______ spring _______ summer  _______ Not Applicable

________________________________________________________________________________

Admissions Department                      Date

Registrar’s Office Only. Copies of form sent to:

_____ Bursar  _______ Financial Aid  _______ Career Management Center  _______ International Services Office ISO

_____ University Health Service (full-time only)  ______ Simon Information Technology Dept.  ______ Student Services

Date received:___________ Date processed:_____________