## University of Rochester Application for Reenrollment For Fall 20\_\_\_\_\_ Spring 20\_\_\_\_\_ or Summer 20\_\_\_\_\_

Thank you for your interest in resuming your studies at the University of Rochester. We welcome your application. Please review our instructions with care (www.rochester.edu/college/ccas/handbook/readmission.html) and complete this application fully, submitting all required supporting materials such as letters and transcripts, and providing thoughtful responses to the questions at the end. Make sure to send everything by *May 1* (for fall return) or *November 1* (for spring return) as an email attachment to aschangeofstatus@ur.rochester.edu with the subject line *Reenrollment Application: NAME.* 

## **1. Personal Information:**

Given Name/ First	Middle	Family Name/Last	Preferred Name
Student ID # H	Former Name(s), if applic		
Present Address		City	
Country	State		Postal Code
Date of Birth (month, day, y	ear) Home T	elephone Number	Cell Phone Number
Email Address			

If you are an international student, please check this box  $\Box$  one of our International Student Advisors will contact you upon submitting this application, to discuss the immigration matters.

# 2. Parent Information (If you are under the age of 25):

Parent(s)/Guardian(s)			
Address		City	
Country	State		Postal Code
Phone	Email Address		
Parent(s)/Guardian(s) #2 (ij	fapplicable)		
Address		City	
Country	State		Postal Code

Phone

Email Address

It is the custom of the College to inform parent(s) and/or guardian(s) of record of Re-enrollment Committee decisions.

 $\Box$  I do not wish my parent(s) and/or guardian(s) to be contacted.

## 3. Attendance and Application History:

Date you entered University of Rochester (Month/Year) Date you left the University of Rochester (Month/Year) Have you previously applied to return from a leave of absence or withdrawal?

 $\Box$  Yes  $\Box$  No If yes, when?

## 4. Arrival Information:

Reenrolling students are required to arrive in Rochester prior to the start of classes to meet with their advisors and confirm their academic plans. Students who are unable to do so should indicate why that will not be possible:

## 5. Housing Preference:

Residential Life makes housing assignments on a rolling basis for both fall and spring semesters. On-campus housing is not guaranteed for reenrolling students and assistance is available for students seeking off campus housing. More information will be provided once your application is received.

 $\Box$  I desire to live on campus.  $\Box$  I intend to live off campus.

#### 6. Financial Information:

Financial aid deadlines are the same as the re-enrollment deadlines: November 1 and May 1. You are responsible for contacting the University of Rochester's Bursar Office at <u>www.rochester.edu/adminfinance/bursar/</u> or (585) 275-3931 to be sure that any current financial obligations on your student account have been resolved. You should review information about deadlines and financial aid eligibility on the re-enrollment website www.rochester.edu/college/ccas/handbook/financial-aid.html. and contact the Financial Aid Office for additional information.

## 7. Health/Mental Health Care Provider Information (if applicable):

If you are on a medical leave, or if medical issues were a factor in your leaving the University of Rochester, we want to be sure that you are ready to return and resume your studies. Your application will not be complete without review and approval from UHS or UCC. You should contact UHS (585) 275-2679 or email <u>mlivingston@uhs.rochester.edu</u>) or UCC (585) 275-3115 well before the reenrollment application deadline to discuss your plans to return. The dean of the College, following the recommendation made by UHS/UCC, will make a final decision regarding reenrollment or the deferment of your application to the next semester's reenrollment cycle.

□ I believe that I will need medical clearance in order to reenroll at Rochester.

□ I have been away from the College for more than 10 months and know that I must submit a new Health History Form.

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# 8. Academic Work While Away (if applicable):

If you took college courses while away, please provide the following information along with an official transcript of work in progress and/or completed. Please see http://www.rochester.edu/college/ccas/handbook/transfer-credit.html for information about how to send a transcript to CCAS.

Name of second institution

Name of first institution attended

# 9. Employment and/or Volunteer Work While Away (if applicable):

If you were employed or had a volunteer position while away, please list below where you worked/volunteered, and the name of your supervisor.

Name		Company/Organization	
Title	Phone	Email Address	
Name	Company/Organization		
Title	Phone	Email Address	
10. Academic Adviso	r(s) and Academic Plan:		

# What is your intended plan to complete the Rochester Curriculum? Major

Major: _	
Minor:	
Cluster:	
Cluster:	
-	

With whom have you discussed your Academic Plan? (i.e. Major Department, OMSA Advisor, College Center for Advising Services Advisor, etc.). Please indicate all relevant name(s).

 $\Box$  I have officially declared this major.

Please list the courses you plan on taking during your first semester back at the University of Rochester as well as the rationale (i.e.: major, cluster, elective, etc.) for each one.

Dates attended

Dates attended

$\Box$ I plan to return as a Full-Time student (12+ credits) $\Box$ I plan to return Part-Time				
How many more semesters will it take for you to complete your degree?				
When do you anticipate graduating?	Month:	Year:		

## **11. Personal Narrative:**

Please write a short essay (no more than 2-4 pages) that addresses the following questions:

- Why did you leave the University of Rochester?
- Describe the particular difficulties you encountered when you were previously enrolled.
- What have you done since leaving, and how have these activities contributed to your readiness to return to full-time study?
- Explain your reasons for wanting to return now. (If you withdrew or declared a leave of absence from the College because of medical reasons, please explain why you feel ready to return.)
- What are your plans for maintaining personal and academic supports when you return?
- Please elaborate on your academic plans as well as anything else you think we should know.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Revised - 4/16/2020 SMA/MK