GENERAL INFORMATION

LAST NAME __________________________  FIRST NAME __________________________

EMPL ID __________________________  EMAIL __________________________

The following pertains to students who were granted a Withdrawal Date Appeal based on medical circumstances. In order to return to UM, please complete and submit the following documents noted below as part of your Re-Enrollment/Application/Request.

We strongly suggest submitting the Re-Enrollment Application at least 30 days prior to the term you would like to return to the University of Miami, as this process can take some time to complete.

STEP 1: SUBMIT READMISSION APPLICATION

1) Please visit: https://registrar.miami.edu/forms-and-services/forms/index.html.
2) Please follow instructions and submit online.

STEP 2: SUBMIT SUPPORTING DOCUMENTS

A written statement from a certified health care provider that meets the following criteria:

1) From a certified health care provider, preferably from the United States (if not from a US physician, the letter must be submitted in English)
2) On doctor’s letterhead (no prescription pad notations will be accepted)
3) The health care provider must indicate that the student is well enough to return to the University to resume their studies (not a threat to themselves or others, health concern is now stabilized, etc.)
4) Include dates of services provided
   *Please note that this documentation should be provided by the professional that is treating the student directly.

Please email this completed application and doctor’s letter directly to exm722@miami.edu.

Student: __________________________  Date: __________________________

University Registrar: __________________________  Date: __________________________