



RE-ENROLLMENT APPLICATION/REQUEST FORM

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: _____