Request for Return from Inactive Status

Complete and return this form to: Office of Academic Affairs
Eastman School of Music
26 Gibbs Street, Rochester, NY 14604

This form must be returned no later than November 15 for spring semester reactivation, and March 15 for fall semester reactivation.

A return from medical leave requires the approval of the University Health Service (UHS) or University Counseling Center (UCC). In addition to completing this form for the Office of Academic Affairs, please contact Michelle Livingston at (585) 275-2679 or mlivingston@uhs.rochester.edu to discuss the process for obtaining the proper approval from UHS/UCC. It is recommended that you contact UHS/UCC at least 2 weeks in advance of the deadlines specified above.

NOTE: A summary of musical, educational and professional activities since the date of last study at the Eastman School of Music must be attached to this form.

Student URID#: __________________________
Name __________________________ Degree __________________________ Major __________________________
Address __________________________ (street) __________________________ (city & state) __________________________ (zip) __________________________
Phone __________________________ E-mail __________________________

Applied music professor during last semester in residence __________________________
Last semester of study at ESM __________________________ Advisor __________________________

OPTION 1 – I would like to resume my studies at the Eastman School of Music for the:

☐ Spring Term ________ (year)  ☐ Fall Term ________ (year)

OPTION 2 – I would like to extend my inactive status for an additional semester for the reason(s) listed below.
I understand that a fee of $100 will be charged for each additional semester of inactive status.

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

OPTION 3 – I will NOT be returning to the Eastman School of Music.
My plans have changed. Please consider this my request to withdraw from my studies at the School. My immediate plans include:

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

PLEASE SIGN, DATE, AND RETURN TO THE OFFICE OF ACADEMIC AFFAIRS

_________________________________________________________________________

Signature __________________________ Date __________________________