

**Complete and return this form to:**

University of Rochester - Simon Business School  
Office of the Registrar  
2341 Carol Simon Hall  
Box 270100  
[registrar@simon.rochester.edu](mailto:registrar@simon.rochester.edu)  
Phone: (585) 275-8071 / Fax: (585) 276-0244



**CHANGE OF PROGRAM FORM**

**Directions**

- Use this form if you have been approved to change your degree program.
- Students who have graduating from a Simon program and been admitted into a new Simon program should use the Admission to a New Simon Program Form.
- Registrar's Office must receive a copy of the Admission letter or email accepting the student into the new program.

**Student Name:** \_\_\_\_\_ **UID#:** \_\_\_\_\_  
*Please print*                      Last                      First                      MI

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
month/day/year

**Advisor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_

**Attach a copy of Admission letter or e-mail approving change**

**Current Program:** \_\_\_\_\_

**New Program (choose from):**

MBA Programs

- FT MBA       FT MBA – STEM       FT Joint (MD/MBA)       Executive       Executive - STEM  
 PT Bus Admin Professional MBA       PT Bus Admin Professional MBA - STEM

MS Programs

- FT Accountancy       FT Finance       FT Business Analytics       FT Marketing Analytics  
 MS Internship       Yes       No

MS in Medical Management Programs

- 1 Yr. MS in Medical Management       2 Yr. Medical MS in Medical Management

PhD Program

**New Program Effective date:** \_\_\_\_\_ **Expected term/year of graduation:** \_\_\_\_\_

*\*Registrar's Office Use Only\**

Revision: 8/2022

*Copies of approved form sent to:*

- Bursar       Simon IT       ID Office       CMC       UHS       Financial Aid  
 Finance       Dean       ISO       OSE       Admissions

*Date Received:* \_\_\_\_\_ *Date Processed:* \_\_\_\_\_ *By:* \_\_\_\_\_