

# Unity College Reactivation Form

THIS FORM IS ONLY FOR STUDENTS WHO HAD A MEDICAL WITHDRAWAL  
APPROVED WHEN THEY LEFT THE COLLEGE

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

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_

When did you last attend Unity College? \_\_\_\_\_

What was your cumulative GPA upon leaving? \_\_\_\_\_

Will you be living on campus when you return to the college? \_\_\_\_\_

Please write a statement verifying that your medical condition has been resolved.  
Official medical documentation may be requested.

---

---

---

---

---

---

Please return this form to the Registrar's office. The Registrar will notify you as soon as  
the petition has been either approved or denied.

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

\_\_\_\_\_  
Registrar

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