

Office of the Registrar

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unity.edu

Application for Re-admission

Recommende	d deadlines for submission: at least one week prior to start of desired term
Name:	Date:
Address:	
Phone:	Alternate Phone:
Email:	
When did you	last attend Unity Environmental University?
Why did you le	eave the university?
Did you leave	the university under a medical withdrawal?
Were you in g	ood academic standing when you left the university?
In which sem	ester and year would you like to return?
What academ	ic major are you requesting to re-enter?
Will you be liv	ng on campus when you return to the university?
Please write a	statement as to why you feel you should be allowed to return to Unity Environmental University.
Please return	this form to the Registrar's Office. The Registrar will notify you of the readmission decision.
Decision:	
Approv	e Registrar Signature
Deny	
-	Date