Ubiquity University, Wisdom School of Graduate Studies
Registrar@UbiquityUniversity.org

Academic Programs: Re-Enrollment Application

Legal Name_____
Last **First** **Middle** **Nickname**

Other name you may have attended under:_____

Home Address_____
Number/Street **City/State** **Zip Code**

Social Security Number_____-_____-_____ Sex: M/F_____ Birth Date_____-_____-_____

Home Phone_____ Business Phone (_____)_____

E-Mail Address_____

Birthplace_____ Country of Citizenship_____
City, State, and Country

Present employer_____ Position_____

Employer's Address_____
Number/Street City/State Zip Code

Reason for Re-enrollment Request:

Student Signature:_____ Date:_____

UBIQUITY UNIVERSITY OFFICIAL USE ONLY

Payment Type/Date: _____ Amount: _____ Check# (If applicable): _____

Registrar Signature: _____ Date: _____

Re-Enrollment fee: $400. Email Registrar for Payment Options.