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

WITHDRAWAL REQUEST FORM

Last Name	First Name	Middle Name	Phone Number
			( )

Address: # & street, apt #	City	State	Zip Code

Email Address

Last Intensive attended/to attend before withdrawal	Date of Withdrawal

Reason for Withdrawal (use additional pages if necessary):

Student Signature:_____ Date:_____

Wisdom School of Graduate Studies, Ubiquity University OFFICIAL USE ONLY

University Authorization:_____ Date:_____

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Registrar Signature: _____ Date Effective: _____