



**Ubiquity University, Wisdom School of Graduate Studies**  
 Admissions Department, 35 Miller Ave Ste 314, Mill Valley, CA 94941  
 Phone: (415) 877-1845 Fax: (415) 423-3280

**Academic Programs: Admissions Application**

**Degree Programs:** (Please Check One)

- |  |   |
|--|---|
| <input type="checkbox"/> MA in Wisdom Studies                      | <input type="checkbox"/> Combined MA/D.Min      |
| <input type="checkbox"/> <i>Circle One</i> (Thesis or Non-Thesis)  | <input type="checkbox"/> Ph.D in Wisdom Studies |
| <input type="checkbox"/> Doctor of Ministry in Wisdom Spirituality | <input type="checkbox"/> Combined MA/Ph.D       |

**PLEASE TYPE OR PRINT CLEARLY IN INK**

Legal Name \_\_\_\_\_  
                                   **Last**                                  **First**                                  **Middle**                                  **Nickname**

List all previous and/or birth name(s) \_\_\_\_\_

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

If not a US citizen, current visa held \_\_\_\_\_

Present employer \_\_\_\_\_ Position \_\_\_\_\_

Employer's Address \_\_\_\_\_  
                                   Number/Street                                  City/State                                  Zip Code

**Medical Background:**

Do you have any health concerns or special needs that we should be aware of?  
 \_\_\_\_\_  
 \_\_\_\_\_

Any Dietary Needs? \_\_\_\_\_  
 \_\_\_\_\_

How did you hear about the Wisdom School of Graduate Studies? \_\_\_\_\_

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List in chronological order all schools beyond high school from which credits were earned toward degrees:

**School Name**                      **Location**                      **Major**                      **Dates**                      **Degree/Units Completed**

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**General Application Requirements:**

- 1 • **Official, sealed**, transcript OF THE ACADEMIC INSTITUTION FROM WHICH YOU RECEIVED YOUR HIGHEST DEGREE, sent directly to our office from the educational institution.
- 2 • **Essay** on reasons for wanting to attend WSGS (500 - 750 words)
- 3 • **Resume**
- 4 • Non-refundable **application fee** of \$75.00

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Wisdom School of Graduate Studies, Ubiquity University OFFICIAL USE ONLY

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

Registrar Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return To:** [registrar@wisdomuniversity.org](mailto:registrar@wisdomuniversity.org)