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**Living Water University, California, USA**  
**Refund Request Form**  
**Effective Date: December 1, 2025**

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**STUDENT INFORMATION**

Full Name: \_\_\_\_\_  
Student ID: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_

**REFUND DETAILS**

The applicable date is the later of:  
(i) the first day of the refund request, or  
(ii) the Effective Date of Withdrawal, if  
applicable.

● **Applicable Date** (later of i or ii):  
\_\_\_ (Month) / \_\_\_ (Date) / \_\_\_ (Year)

**Reason for Refund Request:**

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**Supporting Documentation** (if any, please type below & attach copies to the email):

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**CERTIFICATION**

I hereby certify that all information provided in this form is complete, true, and accurate to the best of my knowledge, and I understand that any false or misleading information may result in denial or reversal of this request.

I acknowledge that submission of this form does not constitute approval of any request and does not create any entitlement or obligation on the part of the University.

I acknowledge that I have read, understood, and voluntarily agree to be bound by the University's official refund policy. I further agree that any approved amount, if granted, is determined solely in accordance with such policy, is final, and constitutes full and complete resolution of any and all related matters.

I confirm that I have received educational and/or administrative services prior to submitting this request.

By accepting any amount issued by the Finance Office of the University, I knowingly and voluntarily waive any right to further claims, actions, or challenges related to this transaction.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_