LIVING WATER
UNIVERSITY

LIVING WATER UNIVERSITY
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WWW.LIVINGWATER.EDUCATION
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Application Form

Thank you for your interest in Living Water University. Please read carefully and answer all questions.

Name: _____ Gender: _____

Cell Phone: _____ Email Address: _____ DOB: _____

Country of Citizenship: _____ Country of Birth: _____

Visa Status: _____ SEVIS ID #: _____

(Completion Required)

U.S. Address: _____

Foreign Address: _____

High School/College: _____ Date Graduated: _____

2. ENROLLMENT INFORMATION

Degree Program: _____

Starting Quarter: _____

☐ If accepted at Living Water University, I agree to abide by the moral and educational standards of the University as defined in the Student Handbook. I certify that the answers in this application are true, complete, and accurate to the best of my knowledge and belief.

_____

Signature of Student Date: _____