

Student's Name: _____
PLEASE PRINT

VISA MASTERCARD

CARD HOLDER'S NAME (AS IT APPEARS ON THE CARD): _____

16 DIGIT CREDIT CARD NUMBER: _____ - _____ - _____ - _____

SECURITY CODE (3 OR 4 DIGIT CODE ON THE BACK OR CARD): ____ - ____ - ____ - ____

EXPIRATION DATE: _____ / _____
MONTH YEAR

BILLING ADDRESS OF THE CREDIT CARD HOLDER:

NUMBER STREET APARTMENT NUMBER

CITY PROVINCE/ TERRITORY/ STATE POSTAL/ ZIP CODE COUNTRY

I authorize the San Diego Mesa College Accounting Office to charge \$100.00 to my credit card as payment for the International Student s non-refundable application processing fee.

Cardholder's Name: _____
PLEASE PRINT

Cardholder's Signature: _____ Date: _____

If not paying by credit card, attach an international or US money order.
*Make money order payable to San Diego Mesa College.

PLEASE DO NOT SEND CASH.