

APPLICANT INFORMATION:

1. Applicant's Name: _____
Surname/Family Name Given Names

2. Date of Birth (DOB): _____
Month/Day/Year

Home Country Phone (_____) _____ US Phone: (_____) _____

CREDIT CARD INFORMATION:

Credit Card Holder's Name: _____
Please print name exactly as shown on card

Credit Card Type:

- Visa
- MasterCard
- Discover

Credit Card Billing Address _____

Authorization Statement: I hereby authorize Contra Costa College to charge to my credit card a one-time International Student Application fee of \$50.00 each. Information provided below is used solely for purposes of the International Student Application fee payment. Any other uses of the information provided below is unlawful.

Credit Card Holder Signature Date (Month/Day/Year)

For Office Use Only:
Received By _____