



Date (Month/Day/Year)

I, _____, authorize John F. Kennedy University
First and Last Name

to charge the credit card below for the application fee for the following student:

Student - Last Name, First Name

Date of Birth

Amount to be Charged (US \$)

\$65 (Application fee for bachelor's/master's programs)

\$90 (Application fee for Doctoral/JD programs)

Credit Card Information

VISA Mastercard American Express

Credit Card Number

Expiration Date

Name as it appears on the card - please print

Authorized Signature

Card Holder Contact Information

Telephone Number Email _____

Number and Street Address Apt. No. City/Town

Province/State Postal/Zip Code Country

If there is a change in your credit card status, you will need to contact International Admission at: +1.925.969.4570.
Please return completed form with the application to: fax: +1.925.969.3631 or email: isa@jfkku.edu.

FOR ADMISSIONS USE: Student ID # _____

