

INTERNATIONAL ADMISSIONS CREDIT CARD AUTHORIZATION

Date (Month/Day/Year)		
I,		, authorize John F. Kennedy University
to charge the credit card below for the application		
Student - Last Name, First Name		Date of Birth
Amount to be Charged (US \$)		
\$65 (Application fee for bachelor's/n	master's programs)	
☐ \$90 (Application fee for Doctoral/JI	O 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 Please return completed form with the application FOR ADMISSIONS USE: Student ID #	n to: fax: +1.925.969.3631 or email: is	mission at: +1.925.969.4570. sa@jfku.edu.

WWW.JFKU.EDU (925) 969-4570