



Received:	/	/
Amount:	\$	
Memo:		

BILLING INFORMATION FORM

Fall / Spring Semester
Class of _____

Student's Name: _____

A. My official billing address in the US will be as follows:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work: _____ Cell: _____

E-Mail: _____

B. My permanent foreign address is as follows:

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Country: _____

Home Phone: _____ Work: _____ Cell: _____

E-Mail: _____

Please return this form with a \$120 fee and the completed application.