



INTERNATIONAL CENTER

Credit Card Payment Authorization Form

Note: All application and mail related fees are non-refundable.

Date: _____

This is to certify that I, _____ hereby authorize
(Credit card holder's full name)

the Cashier's Office at the College of Southern Nevada to charge the following:

Choose all that apply to you.

1. Application Fee (new students only) - \$50.00 international student application fee for
_____ applying for the (please check one):

(Full name of student)

- Spring 20__ Semester
Summer 20__ Session
Fall 20__ Semester

2. Express Mail Fee - cost of shipping documents (I-20, transcripts, other documents).

Please check one:

- FedEx international - \$50.00
Regular Mail / Pick-up - No Fee

To the following credit card:

- Visa
MasterCard
American Express
Discover
Diners Club

Credit card number:
Expiration date:
Credit card billing address:

TOTAL (add 1 & 2 above): \$_____

(Credit card holder's signature)

(Contact phone number)