

CREDIT CARD PAYMENT FORM

Student's Name: _____

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- Payment:**
- \$150 Application Fee
 - \$75 Reprocessing fee (** some areas may be subject to an additional \$25 Remote Area Service fee)
 - \$220 SEVIS Fee & SEVIS Processing Fee
 - \$ _____
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I authorize the Intensive English Language Program at the University of New Orleans to charge my credit card account the total amount of \$_____ to pay for the item(s) above.

Check one: Visa _____ Master Card _____ American Express _____

Card Number: _____ **Expiration date:** _____

Name (exactly as written on the card): _____

Card holder's email address: _____

Card holder's telephone #: _____

Card holder's Signature: _____ **Date:** _____

<p><u>To Scan & Email:</u></p> <p>IELP@UNO.edu</p>	<p><u>To send by mail:</u></p> <p>Intensive English Language Program 2000 Lakeshore Drive International Center, room 131 University of New Orleans New Orleans, LA, 70148 USA</p>
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