



Claremont Graduate University

Office of Admissions and Student Affairs

160 E. 10th St, E. Harper Hall / Claremont CA 91711/ Tel: (909) 621-8069

Fax: (909) 607-7285 E-mail: international@cgu.edu

Attn: Nusha Shishegar

Credit Card Authorization Form

Student Reference Information

The payment is on behalf of the student below.

Student's name	CGU ID# <small>(if known)</small>
Student's Program	Term
	Year

Credit Card Account Information

Please provide payment information. Transactions will be processed within 1-2 business days.

Card Type	<input type="checkbox"/> Mastercard <input type="checkbox"/> VISA	Card Number	
Amount <small>(please check all that apply)</small>	<input type="checkbox"/> \$200 deposit	Expiration Date	
	<input type="checkbox"/> \$400 deposit <small>(Drucker students)</small>		
	<input type="checkbox"/> FedEx Mailing <small>(FedEx will bill directly)</small>		
	<input type="checkbox"/> Other (specify)		

Cardholder Information

Name <small>As appears on credit card</small>	Phone #
Billing Address	Mailing Address <small>Where I-20 should be sent if different from billing address</small>

Authorization

I agree to pay the amount listed above on behalf of the student listed above, in accordance with the card issuer agreement.

Cardholder's Signature	Date

Please fax to (909) 607-7285

Please do not email as credit card information is not secure when sent by email.