APPLICATION FEE($25) PAYMENT FORM

Please provide the payment information below and send/submit the form with payment

☐ Fall 20____ ☐ Spring 20____ ☐ Summer 20____

Note: *The application fee is valid only for the semester specified on the application and that the application fee is non-refundable and non –transferable.*

Applicant's Name: _____
LAST *First* *Middle Initial*

Email Address: _____ **Telephone Numbers**: (_____)_____

Address: _____
Number & Street, Apt # City State ZIP Country

Indicate method of payment below (Check one):

☐ **Money order or cashier's check**: Please make it payable to "**University of Hawai'i"**
Attach money order or cashier's check on this form

☐ **Credit card:** ☐ VISA ☐ MasterCard ☐ JCB ☐ Diners Club ☐ Discover

Cardholder's Name: _____

Credit Card Number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Expiration Date: ☐☐/☐☐ **CVC Number**: ☐☐☐☐ **

** *(CVC Number is 3 or 4 digits number after the last four digits of the account number on the back of the card)*

I agree to pay for the above fee accruing to the card issuer agreement.

Signature of Cardholder: _____

SUBMIT or SEND this form (both copies) with payment (or credit card information) to:

Honda International Center (HIC)
Kapi'olani Community College,
4303 Diamond Head Road, 'Iliahi 107, Honolulu, HI 96816-4421

❀❀❀❀❀❀❀SECTION BELOW FOR OFFICE USE ONLY ❀❀❀❀❀❀❀❀❀❀

Charge Posted by: Date:	**ADMISSIONS Res Code: N F H J**
UH ID Number	
Cashier by: Date:	**Amount Paid $**

Revised 2/22/2023