## **APPLICATION FEE(\$25) PAYMENT FORM**

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

## $\Box$ Fall <u>20</u> $\Box$ Spring <u>20</u> $\Box$ Summer <u>20</u>

*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.

| App            | icant's Name:   | LAST                  | First |                  | Middle Initial |          |  |  |
|----------------|---|-----------------------|-------|------------------|----------------|----------|--|--|
| Email Address: |   |                       |       |                  | ers: ()        |          |  |  |
| Addr           |   |                       |       |                  |                |          |  |  |
|                | Number & Street, Apt #  | City                  | State | ZIP              | Country        |          |  |  |
| Indi           | cate method of payment  | below (Check one):    |       |                  |                |          |  |  |
|                | <b>Money order or cash</b><br>Attach money order or                     | ier's check: Please 1 | 1 2   | to <u>"Unive</u> | ersity of Ha   | wai'i"   |  |  |
|                | Credit card: DVISA  | □ MasterCard          | □ JCB | Diners           | Club           | Discover |  |  |
|                | Cardholder's Name:  |                       |       |                  |                |          |  |  |
|                | Credit Card Number  |                       |       |                  |                |          |  |  |
|                | <b>Expiration Date</b> :  ** (CVC Number is 3 or 4 digit                | -                     |       |                  |                | )        |  |  |
|                | 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

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