

REQUEST FOR PAYMENT

STUDENT'S NAME: _____
last first middle

STUDENT'S ID #: _____ DATE OF BIRTH: _____
passport number year/month/day

COURSE OF STUDY: Short-Term Program Full-Term Program

COMMENCEMENT DATE: _____

AGENT'S NAME: _____

ADDRESS: _____

MAILING ADDRESS (if different from above): _____

PHONE/MOBILE : _____ FAX: _____

BANK INFORMATION: _____

Agent's Signature

Date of Submission

FOR OFFICE USE ONLY:

DATE RECEIVED: _____ DATE OF PAYMENT: _____

CHEQUE or BANK CONFIRMATION NO: _____ AMOUNT: _____

International Program Director's Signature

Date