



PACIFIC STATES UNIVERSITY

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Credit Card Payment Form

Directions:

1. Fill out the form legibly and completely. Submit the form with payment.
2. Allow five (5) working days for receipt(s). NOTE: Delays in processing may occur during both grading and registration periods.

STUDENT INFORMATION

Please indicate the Quarter:	Year:	() Fall	() Winter	() Spring	() Summer
Student ID Number:		Degree & Major: MBA Program			
() Mr. () Ms.					
Name: _____ (Last Name) (First Name) (Middle Name)					
Date of Birth: (Month / Day / Year)		Country of Birth: Citizenship:			
Current Address:		Telephone #:			

Amount of Payment:	
Application Fee (Non-Refundable)	US\$ _____
Total Course () - Tuition	US\$ _____
Other (Specify _____)	US\$ _____
TOTAL AMOUNT DUE	US\$ _____
Method of Payment:	
Credit Card: () VISA or () MasterCard	
Credit card number: _____ Expiration date ____/____	

Student Signature: _____ Date Signed: _____

===== FOR OFFICE USE ONLY =====

Financial Affairs Officer:		Registrar:	
Balance Past Due:	\$	Recorded Date:	
Amount Paid:	\$	Comments:	
Receipt #:		Approved by:	
Approved by:		Approved by:	