

\$75 Application Fee Payment by Credit or Debit CardFoothill College International Programs

COMPLETE THIS FORM, and FAX or MAIL. The US \$75 non-refundable application fee is required of international students who wish to apply to Foothill College for admission. **PLEASE PRINT or TYPE.**

Student Name:							
Family / Last / Sur			Given / First				
Quarter/Year Applying For:	□ Fall □ Winte	r 🗆 Spring	□ Summer	Year:			
Card Type: □ Visa □ M	astercard □ Di	scover					
Card Number:				APPROPRIES SIGNATURE SOFT FALSE STATES STORES			
Expiration Date (month and y	ear):			Usage of the and is reduced to the torse and conditions under the condition of the conditio			
Security Code (3 digit):							
Name on Credit Card (Card F	Iolder):						
Card Billing Address:							
Card Billing Address: N	umber and Street						
City, Province, Country,	and Postal Code						
I authorize US \$75 to be charged	d to my credit/debit	card to pay the	he above studer	nt's application fee.			
Signature:	Date:						
Please fax or mail this form to:	Los A	Foothill College, International Student Programs Los Altos Hills, CA 94022 USA Fax: 1-650-949-7080					
PLEAS	E SEND ONCE	ONLY – F	AX OR MA	IL			
TO BE COMPLETED BY	THE INTERNAT	IONAL STU	JDENT OFFI				
Student ID Number:		Initials:					

\$75 Shipping Fee Payment by Credit or Debit CardFoothill College International Programs

COMPLETE THIS FORM, and FAX or MAIL. The US \$75.00 non-refundable overseas shipping fee will be charged at the time of admission for packages sent outside the USA. We send all overseas shipments by courier/express mail to ensure delivery. **PLEASE PRINT or TYPE.**

Student Name:						
Family / Last / Sur			Given / First			
Student Date of Birth:	nth / day / year		_			
Quarter/Year Applying For:	Fall □ Winter	□ Spring	□ Summer	Year:		
Card Type: □ Visa □ Maste	ercard 🗆 Disc	over				
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Security Code (3 digit):						
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Card Billing Address: Number	per and Street					
City, Province, Country, and	l Postal Code					
I authorize US \$75 to be charged to	my credit/debit ca	ard to pay th	e above studer	nt's shipping fee.		
Signature:	Date:					
Please fax or mail this form to:	12345 El Los Alto	Foothill College, International Student Programs 12345 El Monte Road Los Altos Hills, CA 94022 USA Fax: 1-650-949-7080				

PLEASE SEND ONCE ONLY – FAX OR MAIL