



Application Fee Payment

Office Use Only:		
Form Received Date	Payment Received Date	I-20 Issued Date

_____ Fall / Spring / Summer
Starting Term and Year

_____ **Family Name**

_____ **First Name**

_____ **Student's Signature**

_____ **Date**

Please check the following:

_____ YES, I am applying for Admission at Golden Gate University
 I agree to pay a non-refundable Application Fee of \$110.

Payment Options:

Payments must be made by credit card, bank draft or cashier's check.

Please do not send cash or personal checks.

Casher's Check / Bank Draft (Please make check payable to Golden Gate University)

Personal Checks are not acceptable.

Cash (in-person payment only)

Credit Card I authorize Golden Gate University to charge my:

VISA **MasterCard** **American Express** **Discover**

_____ **Card holder's Name**

_____ **Card holder's Signature**

_____ **Credit Card #**

_____ **Expiration Date**