

JOHN CABOT UNIVERSITY

Via della Lungara, 233

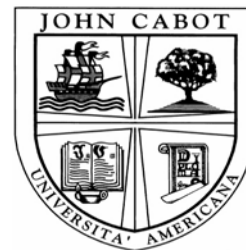
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CREDIT CARD CHARGE FORM
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Student's Full Name:
Complete Billing Address:
Billing Phone Number:
Semester:
Card Type: MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> American Express <input type="checkbox"/>
Credit Card Number:
Sec. Code (found on back, 3 digits at the end of the signature line):
Exp. Date:
Amount: (Canadian/U.S. Students Only) USD <input type="checkbox"/> Euro <input type="checkbox"/>
Pymt. Type: Application Fee <input type="checkbox"/> Housing Fee <input type="checkbox"/> Tuition Deposit <input type="checkbox"/> Visiting Student Program <input type="checkbox"/> Other <input type="checkbox"/> _____
Name of Cardholder:
Signature:
Today's Date: