

**FLORIDA ATLANTIC UNIVERSITY
INTENSIVE ENGLISH INSTITUTE
CREDIT CARD AUTHORIZATION FORM**

Student's Name: _____
Last (Family) First (Given) Middle Initial

I hereby authorize Florida Atlantic University Intensive English Institute to charge my credit card for the item(s) listed below. I understand that the application fee and/or the shipping/handling fees are not refundable.

Cardholder's Name: _____

Cardholder's signature: _____

Cardholder's address: _____
Street Address, Apt. Number

City	State or Province	Zip Code	Country
Please indicate payment(s):			
_____ \$125.00	Non-refundable application fee due with application		
_____ \$ _____	Shipping/Handling fee quoted		
Fill in amount			
_____ \$45.00	Non-refundable application fee for the Four-Week Summer Institute		
_____ \$3,575.00	14-week tuition due on or before the beginning of the semester		
_____ \$1,860.00	7-week session "A" tuition due on or before start of semester		
_____ \$1,810.00	7-week session "B" tuition due on or before start of mid-semester		
_____ \$85.00	Late testing fee after the semester starts		
_____ \$75.00	Non-refundable application fee for the August, 2012 Summer Institute		
_____ \$50.00	Deferment fee		

Note: Only the application fee is due with the Application to the Intensive English Institute. Tuition is due by the first day of the semester. Tuition is refundable minus 10%, if a written request is made up to 48 hours before classes begin. Up to the fifth day of class, tuition is refundable minus 20%. No refunds or transfers after the fifth day of class. Dates, tuition and all fees are subject to change without notice.

Please indicate type of credit card: _____ American Express _____ MasterCard _____ Visa _____ Discover

Account Number _____ Expiration Date ____/____/____
month/ day /year

Security Code _____
3 digits on back of the card (American Express 4 digits on the front of the card)

Phone number and email where we can reach cardholder:
(____) _____ @ _____

Credit card billing zip code or postal code: _____ Payment date _____

Please fax or mail original form to:

**Florida Atlantic University
Intensive English Institute
Continuing Education and Professional Studies
777 Glades Road, Continuing Education Hall
Building 31D, Room 204
Boca Raton, FL 33431-0991**

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