

**International Student $50 Application Fee Credit/Debit Card Form**

**Select college and fax or mail the completed form to the International Student Program Office listed below.**

**□ Cañada College □ College of San Mateo □ Skyline College**

4200 Farm Hill Blvd. 1700 W. Hillsdale Blvd. 3300 College Drive  
 Redwood City, CA 94061 San Mateo, CA 94402 San Bruno, CA 94066

Fax: (650) 381-3518 Fax: (650) 574-6166 Fax: (650) 738-7140

[caninternational@smccd.edu](mailto:caninternational@smccd.edu) [csminternational@smccd.edu](mailto:csminternational@smccd.edu) [skyinternational@smccd.edu](mailto:skyinternational@smccd.edu)

**Student’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family/Last Name Given/First Name

**Semester Applying For:** Fall Spring Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Card Type:** Visa MasterCard Discover American Express

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| --- |
| If you are using a **Visa, MasterCard or Discover**, please provide the 3-digit **security code** found on the back of your card. |
| https://salsa.wiredforchange.com/dia/api/shop/visa_cvv2.gif |
| The **card security code** for your **American Express** card is a  4-digit number located on the front of your credit card, to the right or left above your main credit card number. |
| Amex CVV2 |

**Card Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Expiration Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Security Code:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Print name as it appears on card:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cardholder Billing Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number and Street

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, Province, Country, and Postal Code

**Cardholder Telephone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing this form, I agree to have US $50 application fee charged to my credit/debit card.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_