Intensive English Language Program

CREDIT CARD PAYMENT FORM

*Please **print** all information clearly.*

Student's Name: _____

Payment:
- ☐ $150 Application Fee (non-refundable)
- ☐ $200 SEVIS Fee (non-refundable) – Required for all F-1 students
- ☐ $_____ _____

I authorize the Intensive English Language Program at the University of New Orleans to charge my credit card account the total amount of $ _____ to pay for the item(s) above.

Check one: Visa _____ Master Card _____ American Express _____

Card Number: _____ Expiration Date: _____

Name (exactly as written on card):_____

Card holder's e-mail address: _____

Card holder's Telephone #_____

Card holder's Signature:_____

Today's Date: _____

To send by mail:
Intensive English Language Program
University of New Orleans
Metropolitan College
Bicentennial Education Center, Room 108
New Orleans, LA 70148
USA

To Fax: 504 280 7317

To scan and e-mail: ielp@uno.edu

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