



Office of the Registrar

Credit Card Payment Form

Email: International@pwsc.edu

Fax: (907) 834-1635

Date: ____/____/20____
month day year

Amount: \$_____

For: **Application Fee \$25USD** **Tuition Fee** **FedEx (estimated only)**

Credit Card Holder Information:

Name (As Printed on Card): _____
First Middle Last Name

Credit Card Number: _____ (_____)
Last 3 digits (FEDEX only)

Expiration Date: ____/____/20____ **Card:** VISA MasterCard
month year

Address: _____ _____
Street Address Apt. #

_____ _____ _____
City State/Province Zip Code

_____ (_____) _____
Country Area Code Telephone Number

Student Information:

Name: _____
First Middle Last Name

Student ID#: _____

Term: Spring Summer Fall 20____