



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

Supinda Sirihkaphong
4200 Farm Hill Blvd.
Redwood City, CA 94061
Fax: (650) 381-3518
sirihkaphongs@smccd.edu

College of San Mateo

Mario Mihelcic
1700 W. Hillsdale Blvd.
San Mateo, CA 94402
Fax: (650) 574-6166
mihelcicm@smccd.edu

Skyline College

Jaye Akin-Taylor
3300 College Drive
San Bruno, CA 94066
Fax: (650) 738-4200
akintaylora@smccd.edu

Student's Name: _____
Family/Last Name Given/First Name

Semester Applying For: Fall Spring Year: _____

Card Type: Visa MasterCard Discover American Express

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: _____

If you are using a **Visa, MasterCard or Discover**, please provide the 3-digit **security code** found on the back of your card.



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.

