

**\$75 Application Fee Payment by Credit or Debit Card**  
**Foothill College International Programs**

**COMPLETE THIS FORM, and FAX or MAIL.** The US \$75 non-refundable application fee is required of international students who wish to apply to Foothill College for admission. **PLEASE PRINT or TYPE.**

**Student Name:** \_\_\_\_\_  
Family / Last / Sur \_\_\_\_\_ Given / First \_\_\_\_\_

**Quarter/Year Applying For:**  Fall  Winter  Spring  Summer Year: \_\_\_\_\_

**Card Type:**  Visa  Mastercard  Discover

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

**Expiration Date (month and year):** \_\_\_\_\_

**Security Code (3 digit):** \_\_\_\_\_



**Name on Credit Card (Card Holder):** \_\_\_\_\_

**Card Billing Address:** \_\_\_\_\_  
Number and Street

\_\_\_\_\_  
City, Province, Country, and Postal Code

I authorize US \$75 to be charged to my credit/debit card to pay the above student's application fee.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please fax or mail  
this form to:

Foothill College, International Student Programs  
Los Altos Hills, CA 94022 USA  
Fax: 1-650-949-7080

**PLEASE SEND ONCE ONLY – FAX OR MAIL**

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**TO BE COMPLETED BY THE INTERNATIONAL STUDENT OFFICE**

**Student ID Number:** \_\_\_\_\_ **Initials:** \_\_\_\_\_

**\$75 Shipping Fee Payment by Credit or Debit Card**  
***Foothill College International Programs***

**COMPLETE THIS FORM, and FAX or MAIL.** The US \$75.00 non-refundable overseas shipping fee will be charged at the time of admission for packages sent outside the USA. We send all overseas shipments by courier/express mail to ensure delivery. **PLEASE PRINT or TYPE.**

**Student Name:** \_\_\_\_\_  
Family / Last / Sur Given / First

**Student Date of Birth:** \_\_\_\_\_  
month / day / year

**Quarter/Year Applying For:**  Fall  Winter  Spring  Summer Year: \_\_\_\_\_

**Card Type:**  Visa  Mastercard  Discover

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

**Expiration Date (month and year):** \_\_\_\_\_

**Security Code (3 digit):** \_\_\_\_\_

**Name on Credit Card (Card Holder):** \_\_\_\_\_

**Card Billing Address:** \_\_\_\_\_  
Number and Street

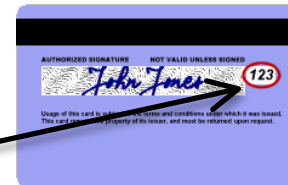
\_\_\_\_\_  
City, Province, Country, and Postal Code

I authorize US \$75 to be charged to my credit/debit card to pay the above student's shipping fee.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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this form to:

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12345 El Monte Road  
Los Altos Hills, CA 94022 USA  
Fax: 1-650-949-7080



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