



2011-2012 ISEP STUDENT PAYMENT FORM

Please mail or fax your completed payment form as detailed below. For your security, do NOT return this form via email. Keep a copy for your own records.

Submit form to:
International Student Exchange Programs
1655 N Fort Myer Dr, Suite 400, Arlington, VA 22209, USA
Tel: (703) 504-9960 Fax: (703) 243-8070

Student Information

Last Name: First Name:
Country of Residency: Date of Birth: Sex:
Host Institution: Home Institution:
Email address:

Type of Payment (please check all that apply)

- ISEP Reciprocal Application Fee \$360
ISEP Direct Application Fee \$60
Outstanding ISEP Reciprocal Application Fee \$5
Extension Fee \$100
Health Insurance Premium (per month) \$56 X # of months
ISEP Direct Deposit \$500
Other: (please specify type and amount of charge) \$

Signature of Participant Date

Method of Payment

Check/Bank draft or international money order in the amount of US\$ payable to "ISEP" is enclosed. Any bank fees related to this transaction must be paid by you. If your bank forwards payment to ISEP, please attach proof of payment with the completed enrollment form. Euro-Checks or personal checks drawn on non-US funds are NOT accepted. Deposit items returned for insufficient funds will be charged \$30.

Credit card Select one: o VISA o MasterCard o Carte Blanche o Diner's Card

TOTAL amount to be charged: US\$

Card Number (please print clearly):

Expiration date: Month / year

Billing Zip Code: Security Code (on back of card):

Name as it appears on the credit card Signature of Cardholder Date