

2018 UCI SUMMER SESSION PAYMENT AUTHORIZATION

COMPLETE FORM IN INK

I. STUDENT ID NUMBER & NAME:

UCI STUDENT ID or SUMMER SESSION ID NUMBER

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SOCIAL SECURITY NUMBER (LAST 4 DIGITS)

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LAST: _____ FIRST: _____ MIDDLE: _____
(NAME ON YOUR UCI RECORDS)

2a. REASON FOR OUTSTANDING BALANCE (please check one):

CHANGE IN STATUS:

CLASS LEVEL : from UNDERGRADUATE GRADUATE to UNDERGRADUATE GRADUATE
 CAMPUS ATTENDED : from UC STUDENT NON-UC / VISITOR to UC STUDENT NON-UC / VISITOR

CHANGE IN FINANCIAL AID:

UCI FINANCIAL AID (payment due to award revision) VISITING UC FINANCIAL AID (deferred course fee payment)

RESOLUTION OF ORIGINAL PAYMENT:

DECLINED CREDIT CARD PAYMENT RETURNED CHECK PAYMENT
 CHARGEBACK PAYMENT OTHER: _____

2b. I AM PAYING MY CURRENT BALANCE, IN FULL, DUE TO THE REASON INDICATED IN 2a.

ENTER AMOUNT DUE HERE \$

3a. PAYMENT INFORMATION:

CASH / CHECK / MONEY ORDER MAKE CHECKS PAYABLE TO: "U.C. Regents"
 CHARGE VISA MC AMEX _____ - _____ - _____ - _____ EXP (month/year) _____ / _____

3b. CARDHOLDER NAME & CREDIT CARD BILLING ADDRESS:

CARDHOLDER NAME: _____

STREET: _____ CITY: _____ STATE: _____ ZIP: _____

CARDHOLDER SIGNATURE: _____ PRIMARY PHONE #: _____

4. STUDENT SIGNATURE*: _____ **DATE:** _____

*I have read and understand the policies listed in the Student Services section of the UCI Summer Session website (summer.uci.edu) regarding academic information, deadlines, registration, fees and refunds. I understand the mandatory campus and materials fees are non-refundable, and course fees become non-refundable after the refund deadline has passed.

FOR OFFICE USE ONLY

DATE RECEIVED: _____ DATE PROCESSED: _____ OPERATOR INITIALS: _____

• Mail to: UC Irvine Summer Session, PO Box 6050, Irvine, CA 92616-6050 • In Person to: Continuing Education 3, #234, Mon – Fri, 8am – 5pm