

UCI SUMMER SESSION  
**2017 RECHARGE AUTHORIZATION FORM**

COMPLETE FORM IN INK

**STUDENT INFORMATION**

Student Name	_____
	(Last, First Middle)
Student ID	_____

**FEE INFORMATION**

Program/Course Fees	\$	_____
Mandatory Campus Fee	\$	_____
Other Admin Fees (i.e. late fee, materials fee)	\$	_____
<b>Total</b>		\$ _____

**AUTHORIZATION**

I agree to allow Summer Session to recharge the account listed for the amount and reason(s) indicated above.

Account Manager Name \_\_\_\_\_

UCI Email Address \_\_\_\_\_

UCI Telephone (949) 824- \_\_\_\_\_

KFS Account \_\_\_\_\_

KFS ACCOUNT

KFS Account Name \_\_\_\_\_

Account Manager Signature \_\_\_\_\_

Date \_\_\_\_\_

**NOTES**

**For Students:**

This form must be submitted with an enrollment form prior to Summer Session deadlines. Incomplete forms will not be accepted.

**For Departments/Programs:**

If more space is needed for multiple students, please attach a list.  
Summer Session recharges in KFS in early Fall quarter.  
Make a copy of this form for your records.

In order to ensure the integrity of the form and the authorizing signatures, forms with alterations such as white-outs or cross-outs will not be accepted.