

(1) COMPLETE all REQUIRED items. (2) FILL IN and TOTAL all charges due. (3) SIGN this form at the bottom.

	Today's Date _____
Student ID	

Last Name	First	MI
Home Address	City/Town	State Zip

Phone Number \_\_\_\_\_

Personal E-mail: \_\_\_\_\_ Work E-mail: \_\_\_\_\_

Program:  EDD  CAGS  MAT  MBA  MEd  MS  Other

Term	Instructor or Thesis Committee Chair	Cost*

**\*Total Tuition Cost 2011-2012**

<u>Program Level</u>	<u>In-State</u>	<u>Out-of-State</u>
Masters	\$1536	\$1677
CAGS	\$1617	\$1767
Doctoral	\$1785	\$1953

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PAYMENT METHOD:**

Check (Payable to PSU)  Other (Please specify) \_\_\_\_\_

E-CHECK \_\_\_\_\_ \_\_\_\_\_

Bank Routing Number Bank Account Number

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Visa MC Disc AMEX Expiration Date Credit Card Account Number CCV2

Name as it appears on Bank/Credit Card Account \_\_\_\_\_ (Please Print) E-Check/Charge Ammount

Account Holder Signature \_\_\_\_\_ Date \_\_\_\_\_

*Office Use Only:*

<input type="checkbox"/> Payment Processed	<input type="checkbox"/> Student in Good Academic Standing	<input type="checkbox"/> Payroll Processed
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