

*For University Use Only
Intensive English Program
Date: _____*

Georgian Court University
Office of the Bursar
900 Lakewood Avenue
Lakewood, New Jersey 08701
USA
Fax in US: 1.732.987.2023

Please fill in your credit card information. We accept only VISA or MASTERCARD.

Student's name: _____

Cardholder's Name: _____

Card number _ - _ - _ - • _ _ _ _ _ • _ _ _ _ _

Cardholder's Signature _____

Expiration Date on Card _____

Amount \$ _____
(in US dollars)

Credit card form must be completed by the student and signed by the CARDHOLDER.
Credit Card information WILL NOT be accepted over the telephone without prior
authorization.