



CITY COLLEGE SAN FRANCISCO

TUITION AND FEES OFFICE

50 FRIDA KAHLO WAY • MUB 130A • SAN FRANCISCO, CA 94112 • (415) 239-3522 • FAX (415) 239-3060

Credit Card Payment Authorization Form

Date: _____ **ID. No:** _____

Name: _____ **Email:** _____

Address: _____ **City/State/Zip:** _____

Term: Spring 20____ Summer 20____ Fall 20____

If you are unable to come in, please complete the information below, and return this form authorizing City College of San Francisco to charge your VISA, MASTERCARD, DISCOVER or email your request to our office at tuition@ccsf.edu.

Check One: <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER	
(Print) Card Holder Name _____	
Credit Card Account Number: _____	
Expiration Date: ____ / ____	I authorize City College of San Francisco to use my credit card to pay for Tuition and Fees in the amount of \$_____.
MM / YY	

Cardholder's Signature _____ Date: _____

Sincerely,
Tuition and Fees

***Note:** All fees are subject to change without notice. The enrollment fee per semester unit is \$46.00. The nonresident tuition fee per semester unit is \$187.00 plus \$46.00 per semester unit for enrollment fee. International tuition fee per semester unit is \$187.00 plus \$46.00 per semester unit for enrollment fee. Student Health fee is \$20 for Spring/Fall and \$16 for Summer. Web registration fee is \$3.00. Student Representation fee is \$1.00 and A.S. Membership is \$5.00 (Optional)(Not applicable for Summer terms)*