



Jersey City, New Jersey 07305-1597

OFFICE OF GRADUATE STUDIES

2039 Kennedy Blvd.

Jersey City, NJ 07305-1597

Hepburn Hall, Rm 206

Tel: 201-200-3409 or fax: 201-200-3411

Graduate Application Fee Payment Form

Name: _____
(Last) (First) (M.I.) (Previous)

Date of Birth: _____ (mm/dd/ccyy) Last 4 digits of SS#: _____

Perm Address: _____
(#) (Street of legal residence)

(City) (State) (Zip Code) (County)

Telephone: () _____ Telephone: () _____
Cell Perm

Email : _____ @ _____ . _____

PAYMENT: \$55 non-refundable application fee waived for NJCU Graduate Degree Alumni.

TOTAL PAYMENT OF \$55 IS BEING MADE BY:

___ Enclosed Check or Money Order - payable to "NJCU" or "New Jersey City University" (write last 4 digits of SS # on payment)
OR
___ Please charge my credit card:

Please Note: This section MUST be completed by the CARD HOLDER ONLY.

Charge Type: ☐ Visa ☐ MasterCard ☐ Discover (*AMEX Not Accepted)

Cardholder's Name (Please Print) : _____ (As it appears on the Card)

Credit Card #: _____ - _____ - _____ - _____

Expiration Date: _____ **CVV #** (3 digit # on back of the card): _____ (payment will be not processed without this information)

Cardholder's Billing Address:

_____ **Contact Phone #:** _____

_____ **Cellular Phone #:** _____

By signing below, I hereby authorize New Jersey City University to charge the above stated amount. I confirm that I am the legal cardholder and that NJCU retains the right to decline the payment if it is suspected that this information provided has been falsified.

Cardholder's Signature: _____ **Date:** _____