



## American University of the Caribbean

### School of Medicine

# Charge Card Payment Authorization Information

#### Please charge my credit card for the following fees:

Application Fee (\$100, Non-refundable)	\$	_____
Enrollment Fee (*\$1,600)	\$	_____
Deferment Fee (\$500, Non-refundable)	\$	_____
Student Medical Insurance (\$325)	\$	_____
Graduation Fee (\$200, Non-refundable)	\$	_____
Evaluation Copies (\$50, Non-refundable)	\$	_____
Additional Original Diploma (\$75, Non-refundable)	\$	_____
Licensure Forms (\$125, Non-refundable)	\$	_____
<b>Total Amount Authorized:</b>	<b>\$</b>	_____

\*A one-time enrollment fee in the amount of U.S. \$1,600 is payable to AUC by the date specified in the acceptance letter to secure a place in class. At registration, \$1,000 of the enrollment fee will be applied to the cost of tuition for students who matriculate to AUC. Accepted applicants who notify AUC in writing at least two months prior to the start of a semester that they do not intend to matriculate will receive a \$1,000 partial refund of the paid enrollment fee.

#### Credit Card Information:

Credit Card Type (Visa and Master Card Only) \_\_\_\_\_

Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

#### Authorization:

\_\_\_\_\_  
Name of Student/Applicant Student/Applicant Mailing Address

\_\_\_\_\_  
Name on Card (Print) Credit Card Billing Address (Include Zip Code)

\_\_\_\_\_  
Signature Today's Date

Please return Charge Card Payment Authorization Information form to:  
Medical Education Administrative Services, 901 Ponce de Leon Blvd, Ste. 700, Coral Gables, FL 33134, or fax to (305) 444-6791.

AUC reserves the right to change its tuition and fees at any time, without prior notice.

#### For Office Use Only:

Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_ Authorization Number: \_\_\_\_\_

Three-digit CVC Code from back of credit card: \_\_\_\_\_

The three-digit CVC Code from the back of the credit card will be shredded upon receipt of the authorization number by MEAS.