



Office of International Admission
Muskingum University
 New Concord, OH 43762 USA
 Phone: +1 (740) 826-8094 Fax: +1 (740) 826-6113

International Student Deposit Form

Name _____
 (FAMILY) (GIVEN) (MIDDLE)

Address _____
 (NUMBER AND STREET) (TOWN/CITY)

 (PROVINCE/STATE) (POSTAL CODE) (COUNTRY)

Deposit Date _____
 (MONTH) (DAY) (YEAR)

Student I.D.# from acceptance letter _____

Amount of Payment in US Dollars: \$ _____

Form of Payment (choose one)

____ Check from U.S. Bank
 ____ International money order
 ____ Electronic funds transfer
 From (name of Bank) _____

Account holder's name _____

Date of Transfer (Month/Day/Year) ____/____/____

____ Credit Card: ____ MasterCard or ____ Visa
 Card holder's name as on card _____

Billing address for card _____

Card number _____

Expiration date _____

Security code _____ (three digit number at the end on the signature strip on the back of the card)

I hereby authorize Muskingum University to charge USD \$ _____ as a room/tuition deposit for the above named student.

Signature of cardholder: _____ Date: _____

Please indicate your **entering** classification:

____ Freshman ____ Transfer ____ Readmit ____ Exchange Student

Beginning classes in ____ Fall or ____ Spring of Year 20 ____