

UNIVERSITY OF MEMPHIS
MASTER OF PUBLIC HEALTH PROGRAM
HEALTHCARE INTERPRETER CERTIFICATE PROGRAM
INDIVIDUAL PAYMENT FORM

Submit with payment. Please print clearly

Name: _____

Mailing address: _____ Zip: _____
Street City, State

E-mail address: _____ Fax: _____ - _____ - _____

Phone: (Home): _____ (Work): _____ (Cell): _____

PAYMENT INFORMATION

Registration Fee (please select one payment method) \$850.00

BY CHECK:

Make checks payable to:
University of Memphis

Send completed form and payment to:
University of Memphis
PO Box 1000, Department 313
Memphis, TN 38148-0313

BY CREDIT CARD (MasterCard/VISA/DISCOVER):

Credit Card # _____ Expiration Date _____

Signature _____ Date _____

Fax credit card payments and completed form to: 901-678-2772 or mail to:
University of Memphis
115 Wilder Tower
Memphis, TN 38152-3520

INSTALLMENT PLAN

Deposit	\$450	Due no later than 1/20/2009
Payment 1	\$200	Due no later than 2/17/2009
Payment 2	\$200	Due no later than 3/17/2009

If you elect to use a credit card for the installment plan, you must fax a copy of this form to the Bursar's Office each month before the due date, and indicate the amount of each payment.

AMOUNT OF PAYMENT: \$ _____

REFUND POLICY: NO REFUNDS WILL BE GIVEN UNLESS THE PROGRAM IS CANCELLED BY THE UNIVERSITY OF MEMPHIS.

BURSAR'S OFFICE USE ONLY:

FOAP: 127450/217160/51601/3200

Transaction Number: _____ Batch Number: _____

Cashier: _____ Date: _____