

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: \_\_\_\_\_