



International Student Billing Request Form

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This form is for use by incoming international students, Partner University, and affiliate programs to request special invoicing/payment arrangements for international students attending CSUMB.

Student Last/Family Name:	Student First/Given Name:	CSUMB Student ID:
Third Party (Name of University, Sponsor or Agent)		Third Party Contact/Coordinator/Department:
Third Party Email:		Third Party Phone Number:
Third Party Billing Address:		

Please indicate which fees you will be paid by the student(s) directly and which will be paid by the third party or institution:

Description of Fee	Paid by Student	Paid by Third Party
Tuition (full time, leave blank if student is nominated for a fee waiver)	<input type="checkbox"/>	<input type="checkbox"/>
Tuition (exceeds full time)	<input type="checkbox"/>	<input type="checkbox"/>
Course Fees	<input type="checkbox"/>	<input type="checkbox"/>
Housing Fee	<input type="checkbox"/>	<input type="checkbox"/>
Meal Plan	<input type="checkbox"/>	<input type="checkbox"/>
Course Withdrawal fee	<input type="checkbox"/>	<input type="checkbox"/>
Housing Security Deposit	<input type="checkbox"/>	<input type="checkbox"/>
Books	<input type="checkbox"/>	<input type="checkbox"/>
Health Insurance Premium	<input type="checkbox"/>	<input type="checkbox"/>
Housing other: Damages, fines, lost key	<input type="checkbox"/>	<input type="checkbox"/>
Campus other: fines, fees and penalties	<input type="checkbox"/>	<input type="checkbox"/>
OTHER- please describe: _____	<input type="checkbox"/>	<input type="checkbox"/>

By signing this form the student is authorizing CSUMB to share the selected student account information with the third party:

Third Party Contact/Coordinator/Department Signature:	Date:
Student Signature:	Date:

FOR OFFICIAL USE ONLY

Processed by:	Date:
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