California State University MONTEREY BAY International Programs

International Student Billing Request Form

International Programs Office | Ph: 831-582-4778 | Fax: 831-582-3314 | international@csumb.edu

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)	☐	☐
Tuition (exceeds full time)	☐	☐
Course Fees	☐	☐
Housing Fee	☐	☐
Meal Plan	☐	☐
Course Withdrawal fee	☐	☐
Housing Security Deposit	☐	☐
Books	☐	☐
Health Insurance Premium	☐	☐
Housing other: Damages, fines, lost key	☐	☐
Campus other: fines, fees and penalties	☐	☐
OTHER- please describe: _____	☐	☐

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: