





# HARVARD EXTENSION SCHOOL

Division of Continuing Education

Student Financial Services Office, 51 Brattle Street, Cambridge, Massachusetts 02138-3722 • Fax: (617) 495-2921

## 2018–19 Registration Payment Form

**This completed form must be submitted with the Registration Form before your registration can be processed.**

Please clearly print all information.

<b>DCE ID NUMBER</b> (if known) @	OR	<b>HARVARD ID NUMBER</b> (if known)	<b>DATE OF BIRTH</b> example: JAN 01 1994 Month (MMM) Day (DD) Year (YYYY)
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(see www.extension.harvard.edu/login if unsure)

FULL LEGAL NAME (exactly as printed on your government-issued ID)		
Last/Family/Sur name(s)	First/Given name(s)	Middle name(s)

PRESENT ADDRESS (number, street, and apartment number)			
Street			
City		State/Province	Zip/Postal code
Country (if not US)	Telephone number (including area/country code)	Cell phone number (including area/country code)	
Email address (Must be student's personal and unique address. Please provide only one email address.)			

I certify that all of the above information is true and complete to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Digital signatures are not accepted. Document must be signed with a real signature. If under 18 years of age, parent or guardian also must sign.

### Payment type (check one):

- Personal check\*    Investment/Trust fund check\*    Third-party check\*    Bank check/Money order\*    Credit card (see below)

\* Please make checks payable to Harvard University. Include your name and date of birth on your check.

- I am a Harvard Extension School admitted degree candidate with financial aid.
- I am a Harvard University employee, eligible for TAP. I have attached a completed TAP form and included the TAP payment.

### Payment by Credit Card

You must complete all of the following sections before your registration can be processed.

AUTHORIZATION
You must check the authorization box <b>and</b> enter the amount to be charged.
<input type="checkbox"/> I authorize Harvard University to charge my credit card in the amount of \$ _____.

CARD
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover

<b>CARD NUMBER</b>	<b>EXPIRATION DATE</b> example: JAN 2017 Month (MMM) Year (YYYY)	<b>SECURITY CODE</b> †

† The credit card security code is found either on the back of the card, as the last three digits printed on the signature strip, or, for American Express, as a four-digit code found on the front of the card, above and to the right of the credit card number.

<b>CARDHOLDER'S NAME</b> (please print)	<b>CARDHOLDER'S SIGNATURE</b>

CARDHOLDER'S BILLING ADDRESS		
Street		
City	State/Province	Zip/Postal code
Country (if not US)	Cardholder's telephone number (including area/country code)	