

VISITING STUDENT PAYMENT FORM

This payment secures my enrollment as a student at Northeastern Seminary.
I understand that my payment is credited toward my student account and is **non-refundable**.

Name: _____ Phone: _____
(Please clearly print your first and last name)

Street Address: _____ Zip Code: _____

I AM SUBMITTING:

- \$150** AUDIT PAYMENT IN FULL (AUDIT NOT AVAILABLE FOR ONLINE COURSES)
 \$100 DEPOSIT (SINGLE CLASS FOR CREDIT)

I AM PAYING BY:

- Check # _____ (make checks payable to *Northeastern Seminary*)
 Money order (made out to *Northeastern Seminary*)
 Cash (hand deliver to Admissions Office; please **do not** send cash through the mail)
 Credit card: MasterCard Visa

Card #: _____ 3-digit# _____ Expiry Date _____

Student Signature: _____ **Date:** _____

Return completed form to: Northeastern Seminary
2265 Westside Drive
Rochester, NY 14624-1997
(583) 594-6800

Office Use Only: Student ID# 777- _____ - _____
