HARVARD SUMMER SCHOOL
Student Financial Services • 51 Brattle Street, Cambridge, Massachusetts 02138-3722 • (617) 495-4293 • fax: (617) 495-2921 • www.summer.harvard.edu

2017 Study Abroad Payment Form

Summer School online services (**www.summer.harvard.edu/login**) allows you to make credit card payments online. If online payment cannot be made, please complete and submit this form with your payment to Student Financial Services, Harvard Summer School, 51 Brattle Street, Cambridge, MA 02138-3722.

Study abroad nonrefundable deposit payment is due by March 9. Full payment is due by May 15.
Late payments are subject to a nonrefundable $200 late payment fee.

STUDENT FULL LEGAL NAME (exactly as printed on your passport or other government-issued photo identification)		
Last/Family/Sur name(s)	First/Given name(s)	Middle name(s)

US SOCIAL SECURITY NUMBER (if available)	**DCE ID NUMBER** (if known)	**DATE OF BIRTH** example: JAN 01 1997
- -	@ (see www.summer.harvard.edu/login if unsure)	Month (MMM) Day(DD) Year (YYYY)

CURRENT MAILING ADDRESS		
Street and number/House and room number		
City	State/Province	Zip/Postal code
Country (if other than US)	Local daytime phone number	
E-mail address		

Payment Type (check one)

❑ Check* ❑ Investment/Trust fund check* ❑ Third-party check* ❑ Money order* ❑ Credit card (see below)

* Please make checks payable to Harvard University. Include student's name and date of birth on check.

Payment by Credit Card

AUTHORIZATION You must check the authorization box **and** enter the amount to be charged.

❑ I authorize Harvard University to charge my credit card in the amount of $_____.

CARD

❑ Visa
❑ MasterCard
❑ American Express
❑ Discover

CARD NUMBER

EXPIRATION DATE example: JUN 2017
Month (MMM) Year (YYYY)

SECURITY CODE†

† 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.

CARDHOLDER'S NAME (please print)	**CARDHOLDER'S SIGNATURE**

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

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

Signature_____ Date _____