COLUMBIA COLLEGE VISA® / MasterCard® Charge Form

NOTE: Must; Shall; Will: Clarification of Terms These words or phrases indicate actions or activities that are essential or mandatory. This word implies that it is highly desirable to perform certain actions or activities, but not essential or mandatory. These words imply freedom or liberty to follow an alternative to the action or activity being presented in a document. May or Could; Can:

Columbia College, Registrar's Office 802 Manning Road N.E., Calgary, AB T2E7N8 Toll Free in Canada / US: 1-888-235-9370 Other: 1-403-235-9300, Fax: 1-403-272-3805

	Stud	ent	ID	Nu	m	ber	(if	apı	olic	abl	e)
For Office Use Only:											

Reference Number

You can use VISA® or MasterCard® to pay Columbia College fees. Please fill in this form carefully. PLEASE PRINT.

About you											
Student Name: Last			First	Middle		Phone (Day):					
Mailing Address:						City/Town:					
Province/State:				Postal/Zip Code:			E-mail:				
Charge to:			/ISA®			_	Expiry da			/	
		□ N	MasterCard® _ _ _			_	Exp			/	
Description: (e.g., transcript request fee, program tuition fees, transfer credit fee, etc.)									Amount Charged		
1		(Enter Date									
2											
3	3										
Total:											
The personal information on this form has been collected for the sole purpose of processing your request. The information is collected in accordance with the Columbia College privacy policy, as well as Alberta Personal Privacy legislation. If you have any questions about the collection or use of this information please contact the Corporate Privacy Officer. This form must be signed before we can process your request. Note: Where incorrect fees are listed, Columbia College will automatically charge your account with the correct amount.											
Payer Signature:							Signature date:				
For Registrar's Office Use Only											
Received By:					Date Rec	Date Received:					
Processed By: Proc					Processe	Processed Date:					
Note:											