

STUDENT INFORMATION

Last Name: _____ Email Address: _____
First Name: _____ Current Program: _____
Student ID Number: _____ Phone Number: _____

Description of Fee: _____

Fee Amount: _____

You may use your VISA®, MasterCard®, or American Express® card to pay Athabasca University fees. Do not send confidential information via email. Email messages are not secure.

CARDHOLDER INFORMATION

First Name: _____ Last Name: _____
Card Type: _____ Card Number: _____
VISA MasterCard American Express Expiry Date: _____

Cardholder Signature: _____ Date: _____

Where incorrect fees are listed, Athabasca University will automatically charge your credit card with the correct amount. See Calendar for details.

Student Signature: _____ Date: _____

Please submit your completed form and/or any questions you may have to the applicable Program Office:

Nursing and Health Studies Students

Faculty of Health Disciplines
Athabasca University
1 University Drive
Athabasca, AB T9S 3A3

Email: cnhsgrad@athabascau.ca
Fax: 780-675-6468

Counselling Students

Faculty of Health Disciplines
Athabasca University
1200, 10011 - 109 Street
Edmonton, AB T5J 3S8

Email: gcapadmin@athabascau.ca
Fax: 780-421-5046