

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:
VISA MasterCard American Express

Card Number: _____

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 StudentsFaculty of Health Disciplines
Athabasca University
1 University Drive
Athabasca, AB T9S 3A3**OR****Counselling Students**Faculty of Health Disciplines
Athabasca University
1200, 10011 - 109 Street
Edmonton, AB T5J 3S8Email: cnhsgrad@athabascau.ca

Fax: 780-675-6468

Email: gcapadmin@athabascau.ca

Fax: 780-421-5046