



Miami Dade College

PAY BY CREDIT CARD FORM

PLEASE RETURN TO:
Office of International Education
Miami Dade College
300 N.E. Second Avenue, Suite 1440
Miami, FL 33132-2297
Fax: (305) 237-7439

NAME: _____

PROGRAM: _____

INSTITUTION ABROAD: _____

SEMESTER/TERM: _____

Credit Card Information:

Type of credit card: _____

Credit card number: _____

Date of Expiration: _____

Amount to be Charged: _____

I authorize Miami Dade College to charge the above amount to my credit card for payment of my study abroad program.

Student's signature _____

Date: _____