

APPLICATION

Last Name:

First Name:

Address:

Email:

Phone:

Date of Birth:

Your university:

You can mail your completed application and your I-20 application to:

Ms. Carole Demas, Director
Academic Support Center
Caldwell College
9 Ryerson Avenue
Caldwell, NJ 07006 USA

You can email your completed application to:

cdemas@caldwell.edu

or

You can fax your completed application to:

Carole Demas
(973) 618-3488

PAYMENT INFORMATION

PAYMENT BY WIRE TRANSFER

Wire Transfer Instructions

Bank Name:

Wachovia Bank
33 Bloomfield Avenue
Caldwell, NJ 07006

Account Name: Caldwell College

Account Number: 20-000-046321-97

ABA Number of Bank: 031201467

Fax Number: (973) 565-6868

Be sure that your bank includes your name on the transfer.

PAYMENT BY CREDIT CARD

Name of Student:

Type of Card:

Name on Card:

Card Number:

Expiration Date:

Amount to be charged:

3-Digit Security Code on back of card on VISA, MASTERCARD, DISCOVER;

4-digit Security Code on front of AMEX;