

INVOICE

Institution Name _____

INVOICE # : _____

DATE : _____

STUDENT DETAILS

Name: _____

Student ID: _____

Passport #: _____

Program: _____

BILLING ADDRESS

Description	Term/Semester	Amount (USD)
Tuition Fees (International Rate)	_____	\$ _____
International Student Health Insurance	_____	\$ _____
Student Services & Registration Fee	_____	\$ _____
Laboratory / Material Fees	_____	\$ _____

Subtotal: \$ _____

Scholarship/Credit: (\$ _____)

Total Amount Due: \$ _____

WIRE TRANSFER INSTRUCTIONS

Bank Name: _____
SWIFT/BIC: _____
IBAN/Account: _____
Ref: Student ID & Name

PAYMENT DEADLINE

Late fees apply after the due date.