

APPLICATION INVOICE

[University Name]
[Graduate Admissions Office]
[University Address]
[City, State, Zip Code]

Invoice #: [00000]
Date: [MM/DD/YYYY]

Applicant Details:

[Applicant Full Name]
[Application ID]
[Email Address]

Program Information:

[Degree Level, e.g., Ph.D./Masters]
[Department Name]
[Term/Year]

Description	Amount
Graduate Application Processing Fee	\$0.00
International Credential Evaluation (if applicable)	\$0.00
Late Submission Surcharge	\$0.00
Total Due: \$0.00	

Payment Status: [Pending / Paid / Waived]

Note: Application fees are non-refundable. Please keep this invoice for your records.