

APPLICATION FEE PAYMENT

Thank you for applying to the UCSF School of Dentistry. To pay your \$200.00 non-refundable application fee, please:

- Complete the lower section of this form;
- Make your cashier's check or money order payable to UC Regents;
- Enclose this form and your payment in an envelope;
- Mail envelope to:

UCSF Office of the Registrar
P. O. Box #742908
Los Angeles, CA 90074-2908

Please use First-Class Mail or airmail if you are mailing your payment sufficiently in advance of the deadline. If you use an expedited delivery service, please choose one of these services:

- U.S. Postal Service Priority Mail or Priority Mail Express;
- A foreign post office's Express Mail (EMS) service.

Do **not** use FedEx, UPS, DHL, or any other private delivery service.

Please do not enclose correspondence, application materials, or any other items in your envelope.

Applicant Name _____
Last First Middle

Date of Birth _____