



### APPLICATION FEE PAYMENT

Thank you for applying to the UCSF School of Dentistry. To pay your application fee, please:

- Complete the lower section of this form;
- Make your 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  
PO Box 742908  
Los Angeles CA 90074-2908

For payments mailed in the United States, please use First-Class Mail, not Express Mail, to meet your postmark deadline.

We cannot accept payments sent by FedEx, UPS, DHL, Airborne Express, or any other private delivery service.

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

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Applicant Name \_\_\_\_\_  
Last
First
Middle

Date of Birth \_\_\_\_\_ Program \_\_\_\_\_