

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 _____

CAAPID Number _____