



NOBEL
School of Business

Los Angeles Main Campus
505 Shatto Place, Suite 300
Los Angeles, CA 90020
Tel: 213.382.1136 Fax: 213.382.1187
Website: www.nobelsb.com

Buena Park Branch Campus
6131 Orangethorpe Avenue, Suite 116
Buena Park, CA 90620
Tel: 714.228.0307 Fax: 714.228.0308
Website: www.nobelsb.com

ADMISSIONS PAYMENT FORM

Admission Information

Select a Campus		
<input type="checkbox"/> Los Angeles Main Campus	<input type="checkbox"/> Buena Park Branch Campus	
Program	Semester Applied	Year
<input type="checkbox"/> Bachelor of Arts in Business Administration <input type="checkbox"/> Master of Business Administration	<input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall	

Applicant Information

Last Name		First Name	
Current Address Number & Street			Unit Number
City	State	ZIP Postal Code	Date of Birth (mm/dd/yyyy)
Home Telephone Number	Mobile Number	Email Address	

Please check your selection from the boxes below:

Non-Refundable Fees

- | | | | |
|--|----------|--|----------|
| <input type="checkbox"/> Application Fee | \$ 50.00 | <input type="checkbox"/> Mailing Fee (USPS Priority) | \$ 5.00 |
| <input type="checkbox"/> Foreign Transcript Evaluation Fee | \$ 85.00 | <input type="checkbox"/> Mailing Fee (USPS Express) | \$ 20.00 |
| <input type="checkbox"/> Readmission Fee | \$ 50.00 | <input type="checkbox"/> Mailing Fee (International) | \$ 85.00 |

Total Amount: _____

Payment Information

Method of Payment		
<input type="checkbox"/> Cash	<input type="checkbox"/> Check	<input type="checkbox"/> Debit/Credit Card (provide information below)
Type of Card <input type="checkbox"/> Debit <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard	Card Number	Expiration Date (mm/yyyy)
	Cardholder Name	CVV (3-digit Security Code)
	Authorization Signature	Billing ZIP Code

I certify that the information provided above is true and correct to the best of my knowledge. I understand that payment of admissions fees does not guarantee admission into the school.

Signature of Applicant

Date