

2012 UCI SUMMER SESSION  
**RECHARGE AUTHORIZATION FORM**

**STUDENT INFORMATION**

Student Name	_____
	(Last, First Middle)
Student ID	_____

**FEE INFORMATION**

Program/Course Fees	\$	_____
Campus Fee	\$	_____
Other Admin Fee (ie. late fee)	\$	_____
<b>Total</b>	\$	_____

**AUTHORIZATION**

I agree to allow Summer Session to recharge the account listed for the amount and reason(s) indicated above.

Account Manager Name \_\_\_\_\_

UCI E-mail Address \_\_\_\_\_

UCI Telephone (949) 824- \_\_\_\_\_

Account-Fund-Sub \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

ACCOUNT                      FUND                      SUB

Account Name \_\_\_\_\_

Account Manager Signature \_\_\_\_\_

Date \_\_\_\_\_

**NOTES**

**For Students:**

This form must be submitted with an enrollment form prior to Summer Session deadlines. Incomplete forms will not be accepted.

**For Departments/Programs:**

If more space is needed for multiple students please attach a list.

In order to ensure the integrity of the form and the authorizing signatures, forms with alterations such as white-outs or cross-outs will not be accepted.