



AUTHORIZATION FOR DEPARTMENT PAYMENT

For International Scholars, Staff and Faculty Fees – To be completed by the UD Department

Scholar Information

UD ID	
Name	
Visa Type	
Country of Origin	
Date of Birth	
Department	

One-Time Department Payment

I authorize the University of Delaware to deduct the amount indicated below for payment of International Fees.

- \$170.00 International Service Fee for J-1
- \$425.00 International Service Fee for H-1B

Department funding to be charged:

Purpose: _____

Purpose Code Administrator: _____

Account: 149820 _____

Please sign and date this form and return it to the Center for Global Programs & Services (CGPS).

To view the policy for the International Service Fee, please visit:
<https://www.udel.edu/academics/global/iss/resources/life-us-ud/costs/>

If you have any questions regarding this form, please contact CGPS at 302-831-2115, or at oiss-scholars@udel.edu.

Department Signature: _____

Date: _____