



INTERNATIONAL PORTFOLIO ASSESSMENT FEE

CREDIT CARD AUTHORIZATION

This sheet must be completed in full (please print)

Name: _____ Sheridan Student Number: _____

Indicate the names of the program(s) you are applying to and check the box that corresponds to program that has received or will be receiving your portfolio fee.

Program(s) you are applying to:

1. _____
2. _____
3. _____

I authorize Sheridan Institute of Technology and Advanced Learning to debit my credit card for the non-refundable portfolio assessment in the amount of \$_____. __ CDN*

Name of Card Holder

Signature of Cardholder

_____/_____/_____/_____/_____/_____
Credit Card Number Expiry Date

Send this completed form with your portfolio submission.

***If you have been requested to submit a portfolio for more then one program you are required to pay the assessment fee once. Portfolio assessment may be delayed due to payment verification.**