



**HASKELL INDIAN NATIONS UNIVERSITY**  
BUSINESS OFFICE  
Payment Form

**SECTION I - STUDENT INFORMATION** (fields with an \* are required)

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\* Last Name:  Middle Initial  \* First Name:

Student ID:

\*Address:

\*City:  \*State:  \*Zip Code

\* Telephone Number:  Email Address:

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**SECTION II - PAYMENT INFORMATION**

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\*Payment Amount:  
\$

This payment is for ALL fees except the Activity Fee.  
On-Campus Fees - \$180.00  
Off-Campus Fees - \$75.00

Comments/Address for transcripts:

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**SECTION III - THIRD PARTY PAYMENT**

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\*Are you paying for another party?  Yes  No

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Payment Method:  Bank Account  Credit Card