TO: Cashier’s office

______________________________________________
(Student’s Name)

______________________________________________
Psy.D. Degree

______________________________________________
(Diploma Date)

______________________________________________
(RUID)

Is responsible for payment to the University Cashier for the following charges related to dissertation requirements of Rutgers University.

Please indicate with an “X” those fees which you are paying. Item 1 is required, item 2 is optional.

1. _____ Microfilming Fee
   (Account #2-89392-0950) $25.00
   (new fee after Sept 27 2010)

2. _____ Copyrighting Fee – optional
   (Account #2-89392-0950) $65.00

Total Amount Paid $_____

This form is to be stamped by the Cashier’s office with one copy to be kept by the Cashier, one copy kept by the Student, and the third copy to be RETURNED to the Student Services Coordinator's office, GSAPP, Room A309.