



University of California, San Francisco
Office of the Registrar

Type: A

APPLICATION FEE PAYMENT

Thank you for applying to the **UCSF School of Pharmacy**. To pay your supplemental application fee, please:

- Complete the lower section of this form;
- Make your check or money order payable to UC Regents;
- Enclose this form and your payment in an envelope;
- Mail envelope to:

UCSF Office of the Registrar
File #307902
PO Box 60000
San Francisco CA 94160

For payments mailed in the United States, please use First-Class Mail, not Express Mail, to meet your postmark deadline.

We cannot accept payments sent by FedEx, UPS, DHL, Airborne Express, or any other private delivery service.

Please do not enclose correspondence, application materials, or any other items in your envelope, as these items will not be processed or acknowledged.

For instructions on submitting application materials, please visit the following Web site: pharmacy.ucsf.edu/go/supp/submit

Applicant Name _____
Last First Middle

Social Security No. _____ Date of Birth _____