

University of Missouri St. Louis Fee Assessment

Student ID#:						
(Please do not use student	social securit	ty numbers on t	his form.)			
Student's Name:						
Middle (*If you have more than one student payment to deposit please list below)						
(in you have more than on	e student pa	yment to depos	oit piease iis	t below)		
Enrollment Term:						
Fee Assessment		Amount	Quantity	Total		
Residential Life Deposit				\$0.00		
Optometry Deposit				\$0.00		
Nursing Deposit				\$0.00		
Honors Deposit				\$0.00		
CPCE Exam				\$0.00		
Career Placement				\$0.00		
Career Service Reg.				\$0.00		
Placement Credentials				\$0.00		
Career Service Re-Reg				\$0.00	4	
				\$0.00		
				\$0.00		
Please return this completed form with payment in person to the Cashier's Office at 285 MSC.						
Student Name	Student ID#	Enrollment Term		Student Name	Student ID#	Enrollment Term
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Signature: