

## CREDIT HOLD AUTHORIZATION FORM

| l,  | , authorize the Pacifica |  |  |
|---|--------------------------|--|--|
| (please print student name)   |                          |  |  |
| Graduate Institute Student Account Office to hold any excess payments on my   |                          |  |  |
| account and apply it toward future charges, which may include, but are not limited to, tuition, residential/non-residential fees, additional lodging, library fees, unpaid residential fees and/or late fees. |                          |  |  |
|   |                          |  |  |
|   |                          | This agreement will be retained in the Student Account Office. I understand this |  |
| agreement may be rescinded at any time with written notification.   |                          |  |  |
|   |                          |  |  |
|   |                          |  |  |
| Student Signature   | Date                     |  |  |
|   |                          |  |  |
| Student Social Security Number  |                          |  |  |
| Ctadem Coolai Coodiny Hamboi  |                          |  |  |
|   |                          |  |  |
|   |                          |  |  |
| Date received and processed by the Student Account Office:  |                          |  |  |
|   |                          |  |  |

Revised: 08/25/2009