



## DHS SEVIS SCHOOL CERTIFICATION PAYMENT

\*Please note that all fields with an asterisk are required.

School Name \* :

School District / Affiliation / System :

School Code \* :  \*Please enter "NONE" if School Code has not been assigned.

School Address \* :

School City \* :

School State \* :

School Zip / Postal Code \* :

School Contact Prefix :

School Contact First Name \* :

School Contact Middle Name :

School Contact Last Name \* :

School Contact Phone Number \* :

Payment Type \* :  Credit Card       ACH

Amount \* :

\* :  By checking this box, and submitting this payment, I confirm I understand the Form I-17 *Petition for Approval of School for Attendance by Nonimmigrant Student* filing fee of \$230 is non-refundable, per Federal Regulation 8 CFR 103.2(a). I also understand the site visit fee (s) of \$350 per campus, is non-refundable once the site visit inspection has taken place. If submitting payment of the Form I-290B *Notice of Appeal or Motion* fee, I confirm I understand the filing fee of \$585 is non-refundable, per Federal Regulation 8 CFR 103.2(a). If paying fee(s) with a credit card, I agree to pay the amount of the transaction according to my card issuer agreement.