



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.