



University of Missouri St. Louis Fee Assessment

Student ID#: _____

(Please do not use student social security numbers on this form.)

Student's Name: _____

Middle

(*If you have more than one student payment to deposit please list 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
			\$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

Signature: _____