

*Instructions for Medical Honors Program  
Medical School Application Fee*

**Amount: \$30.00**

**Payable to:**

*University of South Florida*

**PLEASE CHECKS OR MONEY ORDERS, NO CASH**

This fee is due upon completion of application and is not refundable.

Attach your payment to this form and include it with your application.

Your canceled check will serve as your receipt.

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Please Print

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_