

**Oral Communication Competency Exam**

**Payment Form**

**$10 Exam Fee**

**Student Name:**

**Student ID:**

**Program:** Oral Communication Competency Exam

**Please make your payment to:**

**Wayne State University**

**Cashier’s Office**

**Located on the 2nd Floor of the Welcome Center**

Information for Cashier’s Office: Please deposit payment using following information:

Index-221036; Fund-12048; Org-04G1; Account Code-57011; Program-16