

PROMISSORY NOTE

Date: _____

To whom it may concern,

This is to express in writing my inability to pay on time the amount due for my tuition fees amounting to P_____. I promise to pay said amount on or before _____.

Furthermore, I am fully aware that subsequent Promissory Notes shall not be accepted without settling my current due amount.

I hereby affix my signature to this agreement.

Done this ____ Day of _____ 20____.

Conforme:

Signature of Student Over Printed Name
Year/Section: _____

Parent / Guardian:

Signature Over Printed Name

Approved by:

PN Encoded by:

AMELIA B. FERNANDEZ
School Registrar

JENNY J. ARADA
Accounting Manager

Accounting Department

(Accounting Copy)

(Note: A penalty of P500.00 will be charged for non-compliance of the-above promissory payment date.)

MMC-CAST Reg_Control No. _____

PROMISSORY NOTE

Date: _____

To whom it may concern,

This is to express in writing my inability to pay on time the amount due for my tuition fees amounting to P_____. I promise to pay said amount on or before _____.

Furthermore, I am fully aware that subsequent Promissory Notes shall not be accepted without settling my current due amount.

I hereby affix my signature to this agreement.

Done this ____ Day of _____ 20____.

Conforme:

Signature of Student Over Printed Name
Year/Section: _____

Parent / Guardian:

Signature Over Printed Name

Approved by:

PN Encoded by:

AMELIA B. FERNANDEZ
School Registrar

JENNY J. ARADA
Accounting Manager

Accounting Department

(Registrar's Copy)

(Note: A penalty of P500.00 will be charged for non-compliance of the-above promissory payment date.)

PROMISSORY NOTE

Date: _____

To whom it may concern,

This is to express in writing my inability to pay on time the amount due for my tuition fees amounting to P_____. I promise to pay said amount on or before _____.

Furthermore, I am fully aware that subsequent Promissory Notes shall not be accepted without settling my current due amount.

I hereby affix my signature to this agreement.

Done this ____ Day of _____ 20____.

Conforme: _____
Signature of Student Over Printed Name
Year/Section: _____

Parent / Guardian: _____
Signature Over Printed Name

Recommended by:	Approved by:	PN Encoded by:
AMELIA B. FERNANDEZ School Registrar	_____ Dean – College of Nursing / MIT	JENNY J. ARADA Accounting Supervisor

(Accounting Copy)

(Note: A penalty of P500.00 will be charged for non-compliance of the-above promissory payment date.)

PROMISSORY NOTE

Date: _____

To whom it may concern,

This is to express in writing my inability to pay on time the amount due for my tuition fees amounting to P_____. I promise to pay said amount on or before _____.

Furthermore, I am fully aware that subsequent Promissory Notes shall not be accepted without settling my current due amount.

I hereby affix my signature to this agreement.

Done this ____ Day of _____ 20____.

Conforme: _____
Signature of Student Over Printed Name
Year/Section: _____

Parent / Guardian: _____
Signature Over Printed Name

Recommended by:	Approved by:	PN Encoded by:
AMELIA B. FERNANDEZ School Registrar	_____ Dean – College of Nursing / MIT	JENNY J. ARADA Accounting Supervisor

(Registrar's Copy)

(Note: A penalty of P500.00 will be charged for non-compliance of the-above promissory payment date.)

PROMISSORY NOTE

Date: _____

To whom it may concern,

This is to express in writing my inability to pay on time the amount due for my tuition fees amounting to P_____. I promise to pay said amount on or before _____.

Furthermore, I am fully aware that subsequent Promissory Notes shall not be accepted without settling my current due amount.

I hereby affix my signature to this agreement.

Done this ____ Day of _____ 20____.

Conforme:

Signature of Student Over Printed Name
Year/Section: _____

Parent / Guardian:

Signature Over Printed Name

Recommended by: AMELIA B. FERNANDEZ
School Registrar

Approved by: _____
Dean – College of Nursing / MIT

PN Encoded by: JENNY J. ARADA
Accounting Supervisor

(Student’s Copy)

MMC-CAST Reg_Control No. _____

PROMISSORY NOTE

Date: _____

To whom it may concern,

This is to express in writing my inability to pay on time the amount due for my tuition fees amounting to P_____. I promise to pay said amount on or before _____.

Furthermore, I am fully aware that subsequent Promissory Notes shall not be accepted without settling my current due amount.

I hereby affix my signature to this agreement.

Done this ____ Day of _____ 20____.

Conforme:

Signature of Student Over Printed Name
Year/Section: _____

Parent / Guardian:

Signature Over Printed Name

Recommended by: AMELIA B. FERNANDEZ
School Registrar

Approved by: _____
Dean – College of Nursing / MIT

PN Encoded by: JENNY J. ARADA
Accounting Supervisor

(Registrar’s Copy)

