PROMISSORY NOTE

Date : _____

Madam :

I, _____ a _____ student of the _____
    (*name of student*)   (*year level & program*)   (*college*)
promise to pay the amount of Php _____ on or before _____ .

For Examination :   For Enrollment :

☐ Prelims,   _____   Semester SY _____   ☐   1st Semester SY   _____
☐ Midterms,   _____   Semester SY _____   ☐   2nd Semester SY   _____
☐ Semi-Finals,   _____   Semester SY _____   ☐   Midterm SY   _____
☐ Finals,   _____   Semester SY _____

_____   _____
    Signature over Printed Name of Student   Signature over Printed Name of Parent / Guardian

NOTE : Original copy of parent's/guardian's valid ID required to be presented.

Approved :

_____
SHARMAINE PAULINE P. LACORTE
Accountant

Date signed : _____   *Assessment's Copy*