

PROMISSORY FORM

STUDENT NUMBER										LAST NAME										FIRST NAME										MI									
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COURSE																				DEFERRED PAYMENT FOR										AMOUNT DUE									
<input type="checkbox"/> BSCS <input type="checkbox"/> BSHRM <input type="checkbox"/> DMA <input type="checkbox"/> ITP/DIT <input type="checkbox"/> BSIT <input type="checkbox"/> BSAT <input type="checkbox"/> HRS <input type="checkbox"/> CCEP/DECT <input type="checkbox"/> BSBM <input type="checkbox"/> BSCS <input type="checkbox"/> TEM/TRT																				<input type="checkbox"/> DP <input type="checkbox"/> PRELIM <input type="checkbox"/> MIDTERM <input type="checkbox"/> PRE-FINAL <input type="checkbox"/> FINAL																			
REASON(S) FOR DEFERMENT OF PAYMENT																																							
<input type="checkbox"/> Financial (delayed salary, etc.) <input type="checkbox"/> Emergency <input type="checkbox"/> Others find attached letter																																							
DOCUMENTS PRESENTED																																							
<input type="checkbox"/> Letter <input type="checkbox"/> Others: _____ <input type="checkbox"/> Guardian's ID																																							
APPROVED BY																																							
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%; border-top: 1px solid black; text-align: center;">NAME AND SIGNATURE</div> <div style="width: 45%; border-top: 1px solid black; text-align: center;">DATE</div> </div>																																							
																				STUDENT'S SIGNATURE										DATE									
																				PARENT OR GUARDIAN (NAME & SIGNATURE)										DATE									
																				CONTACT NO.																			