



Scholarship and  
Financial Assistance  
Office

## STUDENT LOAN PROGRAM Promissory Note

Date \_\_\_\_\_

For value received, I/we promise to pay De La Salle University or its order the sum of  
\_\_\_\_\_ ( P \_\_\_\_\_ ) on or before  
\_\_\_\_\_.

I/We understand and accept that the applicant will not be allowed to enroll for the succeeding term or to graduate (as applicable) for failure to pay the amount of loan due for the trimester.

I/We certify that the information given on this Student Loan Program Application Form and Promissory Note are correct and complete. Falsification or withholding of information on this form will automatically nullify the application and/or subject the applicant to dismissal from the University.

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**Signature over Printed Name  
APPLICANT**

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**Signature over Printed Name  
PARENT ON-RECORD (if applicable)**

**Approved by:**

**Ms. Severina V. Kikuchi**  
Director  
Scholarship and Financial Assistance Office

**Note: Please accomplish in two (2) original copies.**