

Promissory Note

SEMESTER: Spring Summer Fall 20____

Student ID #: _____	Amount Requested (including shipping): _____
Name: _____	Date of Birth: _____
Last First MI	Drivers License #: _____
Mailing Address: _____	SSN#: _____
Phone Number: (____) _____	Previous Names used: _____
Message Number: (____) _____	Email Address: _____

Employment Information

Most Recent Employer: _____	Position: _____
Address: _____	Phone: _____

Please fill out Spouse *OR* Parent. If not available please provide a third reference.

Spouse Name: _____	Parent Name: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Current Phone: _____	Current Phone: _____

Please fill out BOTH References

Reference Name: _____	Reference Name: _____
Current Phone: _____	Current Phone: _____

How will you pay for tuition and fees if Financial Aid is not received? _____

ATTENTION:

I authorize UAA/MSC to make whatever inquiries it deems necessary in connection with the review of information concerning my ability to repay. If I violate this payment agreement with UAA/MSC I understand that I will be sent to a collection agency with collection fees added to my total debt. *If my debt is over 180 days delinquent, and regardless of payment plan status, the University may garnish my Permanent Fund Dividend under Alaska Statutes 14.40.251 and 43.23.073.*

Student Signature: _____ **Date:** _____

Office Use Only

SFI2HRS: Admitted: Y / NODS / PDS	Notes:	
Fin Aid Eligible Credits: _____		
Tuition/Fees Total: _____		
Voucher Given: _____		
AUTHORIZATION TO DEFER FEES		
Pell Grant: \$ _____	SEOG: \$ _____	Scholarship: \$ _____
Sub Loan: \$ _____	UA Grant: \$ _____	Other: \$ _____
UnSub Loan: \$ _____		
Approval: _____	Date: _____	