

PROMISSORY NOTE  
SPONSORED STUDENT  
HOWARD COMMUNITY COLLEGE

Student Name: \_\_\_\_\_ Student ID# \_\_\_\_\_  
Student Address: \_\_\_\_\_  
Student Tel.# Day \_\_\_\_\_ Evening \_\_\_\_\_  
Cell \_\_\_\_\_ Email \_\_\_\_\_

Sponsor: \_\_\_\_\_  
Term: \_\_\_\_\_

I \_\_\_\_\_ have enrolled in courses at Howard Community College for the \_\_\_\_\_ term resulting in a balance due of \$ \_\_\_\_\_. Currently, \_\_\_\_\_ (sponsor) has agreed to make payment to Howard Community College in the amount of \$ \_\_\_\_\_ to cover this balance. However, I am aware that there may be circumstances under which \_\_\_\_\_ (sponsor) may refuse to make payment, either partially or in full, to Howard Community College. I understand that if this occurs, I am responsible for paying the remaining balance to Howard Community College. Furthermore, I am responsible for contacting the Finance Office to make payment arrangements to pay this balance according to one of the payment schedules established by Howard Community College. I understand that if I do not make payment arrangements and have an outstanding balance at the end of the term, the outstanding balance will be sent to an outside collection agency with an additional collection cost (up to 25% of the balance owed). I also acknowledge that I will be restricted from obtaining my diploma/certificate and registering for additional classes as long as an outstanding balance remains with the collection agency.

I understand and agree with the above statement.

Students' Signature \_\_\_\_\_ Date: \_\_\_\_\_

AR Personnel \_\_\_\_\_  
(Cashier's Initials)

ARAC Hold: FASB WSSB SUSB  
(Please circle proper hold)