

I, the undersigned, undertake to make the following payments to the for

|  |  |
| --- | --- |
| Student name |  |
| Student ID |  |
| Semester |  |

|  |  |
| --- | --- |
| Dates | Amount  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

I Authorize the xx to cancel the classes’ registration in case I did NOT fulfill my obligation as stated above.

Student Signature Guardian Signature

Date (MM/DD/YY)

P.O. Box xxx | xxx - xx. | T: +xxxx | F: +xxx| E : [x](http://www.aud.edu/)xxxxxxxx