



## UNDERTAKING AND COMMITMENT TO SETTLE ENROLLMENT DUES FOR STUDENTS WITH BACK ACCOUNTS

AEBA NO. \_\_\_\_\_

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_,  
(COMPLETE NAME OF PARENT/LEGAL GUARDIAN) (COMPLETE NAME OF STUDENT)

Student No. \_\_\_\_\_ with Contact No. \_\_\_\_\_ who is currently enrolling as student at MAPUA UNIVERSITY (MU) for Program \_\_\_\_\_ Year Level \_\_\_\_\_, would like to request that my son/daughter/ward be allowed to complete the registration procedures for \_\_\_\_\_ Term of SY \_\_\_\_\_ despite our failure to settle back account/s from previous term due to \_\_\_\_\_.

To wit, the following are the details of the payment scheme that we are proposing subject to the approval of the proper school authorities, and the internal policies and procedures of the Treasurer's Office of MU:

TERM/SCHOOL YEAR	AMOUNT OF BACK ACCOUNT	PROPOSED PAYMENT SCHEME	
		DATE	AMOUNT
Total Balance		Total Payments	

I/We hereby commit to pay the balance stipulated based on the above-stated proposed payment scheme.

I/We fully understand that MU reserves the right to cancel my enrollment if I/we fail to settle the remaining balance on the above-mentioned date/s.

In witness whereof, this undertaking is hereby signed on \_\_\_\_ day of \_\_\_\_\_ at Manila City.

\_\_\_\_\_  
Student Signature Over Printed Name

\_\_\_\_\_  
Parent/Legal Guardian Signature Over Printed Name

"I hereby allow/authorize Mapua University to use, collect and process the information for legitimate purposes specifically for enrolling the student with back accounts, and allow authorized personnel to process the information pursuant to the Data Privacy policies of the school."

\_\_\_\_\_  
Parent/Legal Guardian Signature

NOTE: Submit this form at the Treasurer's Office with the attached photocopy of the valid ID of Parent/Legal Guardian with 3 specimen signatures.

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**TO BE FILLED-OUT BY THE TREASURER'S OFFICE**

Received by/Date:

Approved by:

\_\_\_\_\_

\_\_\_\_\_

