



OREGON
HEALTH & SCIENCE
UNIVERSITY

CENTRAL FINANCIAL SERVICES
Accounts Receivables AD208
3181 SW Sam Jackson Park Road
Portland, OR 97239-3098
TEL: (503) 494-1196 • FAX: (503) 494-6873

Date: _____

Name: _____

SID#: U _____

Address: _____

Phone: _____

Email: _____

EDUCATIONAL LOAN PROMISSORY NOTE

I understand that I owe an Educational Loan for tuition and fees in the amount of \$_____ to Oregon Health & Science University.

Payment of one third of the total must be paid at the OHSU Cashier's Office or online through ISIS on the first day of the current term.

I agree to make two monthly payments of \$_____ plus interest, to Oregon Health & Science University **by** the first Friday of the following two months. I also agree to keep Oregon Health & Science University informed of any address, telephone and email changes during this repayment period.

I acknowledge and agree that the following will occur if the loan is not paid when due:

1. **Registration for subsequent academic terms will not be permitted until paid in full,**
2. All services from the university, including provision of academic transcripts will be denied,
3. Interest will be assessed monthly at 1% of the balance,
4. Late payment fees will be assessed,
5. The account will be declared due and payable in full upon a missed payment,
6. The account will be placed with a collection agency,
7. Legal action will be instituted, and
8. All collection and legal fees incurred will be added to the account as permitted by State and Federal applicable law.

By signing below, I manifest my agreement to all of the provisions of this promissory note.

Payer Signature

Date

Aerial L. Edwards

Aerial L. Edwards
Collections Manager
(503) 494-1196 or
1-800-775-5460, press 7, ask for Aerial