

PROMISSORY LETTER

Date _____

I, _____, a student of MTG Healthcare Academy and presently residing at _____ hereby promise to pay, in full, the balance of my tuition and other fees in the amount of \$_____ to MTG Healthcare Academy at Suite 100, 1324 36 Avenue NE Calgary T2E 8S1

The first payment in the amount of \$ _____ must be paid by _____ and on the same date each month thereafter until the full amount is paid back, which must be no later than _____.

Our Locations

+ Calgary Campus

403 264 2009 | 403 992 7611
Fax: 587 352 2049

1324 36 Avenue NE
Calgary, Alberta | T2E 8S1

+ Red Deer Campus

403 264 2049 | 403 986 0684
Fax: 403 986 4815

4811 48 Street
Red Deer, Alberta | T4N 1S6

+ Edmonton Campus

780 863 8236
Fax: 780 434 8328

6920 Roper Road NW
Edmonton, Alberta | T6E 0A8

I am aware of the right to be informed that the note be transferred by MTG Healthcare Academy to a collection agency.

Thank you for your cooperation

Signature of Student _____

Student No. _____

Phone No. _____

Noted by:
Elisa G. Zantua
Finance Director
MTG Healthcare Academy
403-262-2009

Witnessed by:
MA. Luisa Badillo
Admission Director
MTG Healthcare Academy
403-262-2009