

For Office Use Only
TERM CODE:

REVISED: 08/27/25

## **PROMISSORY NOTE**

## **INSTRUCTIONS:**

- Fill out form and return to the cashier's office in person, by fax, email or mail (see below).
- If you email or fax your promissory note, it will not be processed to your account until we receive your initial down payment.
- If your balance is \$250 or more, a 10% down payment is required. Your installment payments must be greater or equal to your down payment.
- If your balance is \$250 or less, a \$25 down payment is required. Your installment payments must be \$25 or more.

Name:	Student ID#	:		
Phone #:		Email Address:		
Current Address:	City:	State:	Zip code:	
I agree to the following terms of this Promissory	y Note:			
I understand CNM will place a financial hold on my student registering for future classes or receiving my diploma.	t account until the	balance is paid in full, p	reventing me from	
Also, I understand if I do not comply with the payment ter In the event that my account is turned over to collections, statutory rate, on the outstanding balance.			• ,	
Term/Year Owed: (exa	mple: Spring 20	15)		
Amount Owed: \$				
Down Payment: \$				
Balance Owed: \$				
One-time payment of remaining balance S	\$		paid within the next 30 days)	
I would like to make payments of \$		weekly bi-	weekly monthly	
Student Signature:		Date:		
Authorized CNM Signature:		Date:		
Cashiers Phone: 505.224.3471 Cashiers Fax: 505.242.3877 Cashiers Email: cnmcashiers@cnm.edu				

Mailing Address: CNM, Attn: Cashiers Office, PO Box 4586, Albuquerque, NM 87196