



Jerry M. Wallace

School of Osteopathic Medicine

Repayment Agreement

I, the undersigned, agree to reimburse Campbell University for charges incurred on my behalf with the North Carolina Area Health Education Center for student housing. I understand that the amount due will be fully billed to my student account after the rotation and usage of the AHEC housing have been completed.

Student Name: _____

Student ID: _____

Charge Description: _____

Charge Amount: \$14.00/night (estimate +/- 30 days usage)

Student Signature

Date

Director of Clinical Affairs

Date

Associate Dean for Clinical Affairs

Date