Application form for Installment payments for Spring 23/2024.

This application form should be submitted to the Students Accounts Section, College Hall Rm 112 or by email to jm52@aub.edu.lb and/or ny02@aub.edu.lb

Name: ___________________________  Student ID: _______________
Faculty & Class: ___________________  Number of credits registered ____
Telephone no: _______________________

1- Each student is charged US$ 33.00 for application fee plus a surcharge of 1% on the deferred sum.
2- The remaining payments should be settled before March 11, 2024 and failure to comply with this agreement may result in the student’s loss of credit for the whole semester and will not entitle him/her to a refund of any money already paid. If the application is declined, all the remaining charges are payable before the end of the late registration period.
3- AUB financial aid money cannot be used wholly or partly to cover deferred charges.

______________________________________________________________________________

A - Total family annual income ___________________________ US$
Total family annual expenditure including education cost: ___________________________ US$.

Does your family own:
1- House, appartment? Yes  No
   If yes, what is the sale value of this property _____________________ US$

2- Car or Cars  Yes  No
   If yes, give make, year and estimated value.

B - Family Support:

Who are the working members (income earning) of your family?
Father  Mother  Brother  Sister
What is the annual income from (these) sources _______________________

C - How many members of your family will be attending school or University during the A/Y 2023 – 2024

School ___________________________  University ___________________________
School ___________________________  University ___________________________
School ___________________________  University ___________________________

D - Why are you applying for deferred payment?

__ Do not have all the needed funds but will be able to pay remainder before March 11, 2024.

__ Expecting financial aid from an organization/donor other than AUB before March 11, 2024.
E - I request a deferral of ______________________

I have AUB Financial Aid: ______________________

I have AUB Grant: ______________________

PAYMENT DECLARATION

I ___________________________ Student ID no. ___________________________ agree to pay

all remaining /deferred fees plus the surcharge before March 11, 2024. Failure on my part to comply with this agreement reserves the right to cancel my Second semester of the academic year 2023-2024 without the entitlement for any refund of the money already paid.

_________________________________ __________________________
Date Signature of student

DO NOT WRITE BELOW THIS LINE

Action of the Committee on Deferred Payment

_______ Declined

_______ Approved