



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, apartment? 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