



Deferred Payment application form for Fall 2022-2023.

Please note that this application form should be submitted to the Students Accounts Section, College Hall Rm 113 or by email to jm52@aub.edu.lb and/or ab57@aub.edu.lb .

Name: _____ Student ID: _____

Faculty & Class: _____ No of credits: _____

Permanent Home Address: _____

Telephone no: _____ E-mail (not AUB): _____

- 1- Every applicant is charged a fixed fee of \$33.00 billed to the statement, in addition to a surcharge of 1% on the deferred payments.
- 2- The remaining payments should be settled before **November 07, 2022** 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 _____ L.L.

Total family annual expenditure including education cost: _____ L.L.

Does your family own:

1- House, apartment? Yes _____ No _____
If yes, what is the sale value of this property _____ L.L.

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

B - Family Support:

1- Who are the working members (income earning) of your family?

Father _____ Mother _____ Brother _____ Sister _____

What is the annual income from (these) sources _____

2- Do the income earning members of your family receive monthly salaries? Yes _____ No _____
If yes, please indicate type of job and monthly salary.

C - How many members of your family (including yourself) will be attending school or University in the A/Y 2022 – 2023?

School _____
School _____
School _____

University _____
University _____
University _____

D - Why are you applying for deferred payment?

__ Do not have all the needed funds but will be able to pay remainder before November 07, 2022.

__ Expecting financial aid from an organization other than AUB before November 07, 2022.

E - I request a deferral of _____

AUB Financial Aid: _____

AUB 40% Grant: _____

Date _____

Signature of student _____

PAYMENT DECLARATION

I _____

Student ID no. _____

Agree to pay all remaining /deferred fees plus the surcharge before **November 07, 2022**.

Failure on my part to comply with this agreement reserves the right to cancel my first semester of the academic year **2022-2023** 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