



Application form for Installment payments for Spring 2025.

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 da150@aub.edu.lb

Name: _____ Student ID: _____

Faculty & Class: _____ Number of credits registered _____

Telephone no: _____

- 1- Each student is charged US\$ 35.00 for application fee plus a surcharge of 1% on the deferred sum.
- 2- The remaining payments should be settled before **March 10, 2025** 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 2024 – 2025

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 10, 2025.**

___ Expecting financial aid from an organization/donor other than AUB before **March 10, 2025.**

E - I request a deferral of _____

I have AUB Financial Aid: _____

PAYMENT DECLARATION

I _____ Student ID no. _____ agree to pay

all remaining /deferred fees plus the surcharge before **March 10, 2025**.

Failure on my part to comply with this agreement reserves the right to cancel my Second semester of the academic year **2024-2025** 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