

AMERICAN UNIVERSITY OF BEIRUT  
COMPTROLLER'S OFFICE



Deferred Payment Application For Fall 2009/2010.

Please note that this application form should be submitted to the Comptroller's Office - Students Accounts Section, College Hall Rm 112 by **July 30, 2009**.

First Name: \_\_\_\_\_ Family Name: \_\_\_\_\_

Student ID #: \_\_\_\_\_ Faculty & Class: \_\_\_\_\_

Email: \_\_\_\_\_ AUB PO Box #: \_\_\_\_\_

Permanent Home Address: \_\_\_\_\_

Telephone no: \_\_\_\_\_

**\*\*\* Important Notice:**

- 1- Each student who applies for deferred payment will be charged **LL. 50,000.00** as an application fee. Furthermore the student must sign a declaration by which he/she agrees to pay all remaining charges **before November 27, 2009**. 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.
- 2- AUB financial aid money cannot be used wholly or partly to cover deferred charges.
- 3- A **Surcharge of 1%** per month will be imposed on the remaining amount throughout the deferred period.

\_\_\_\_\_

Total family annual income \_\_\_\_\_ L.L.

Total family annual expenditure including education cost: \_\_\_\_\_ L.L.

**A. 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.

3- A- Business (for example: shop, factory, clinic, consultation firm, exploitable agricultural land, etc)  
Yes No  
If yes, what is the annual income of your family from this business \_\_\_\_\_ L.L.

**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 2009 – 2010?

School \_\_\_\_\_ University \_\_\_\_\_

D- Have you received deferred payments previously ? Yes No

If yes, list the academic year/s \_\_\_\_\_

E- Have you been a recipient of financial aid from the University or any other outside organization (for example: Harriri Foundation, Issam Fares Foundation Etc.) Yes No

If yes, specify name of institution or organization and the amount received and date(s)

INSTITUTION	DATE	AMOUNT
_____	_____	_____
_____	_____	_____

F- Why are you applying for deferred payment?

\_\_ Do not have all the needed funds but will be able to pay remainder before November 27, 2009.

\_\_ Expecting financial aid from an organization other than AUB before November 27, 2009.

G- I request a deferral of \_\_\_\_\_ [Amount / Percent] of my tuition fees.

Date \_\_\_\_\_

Signature of student \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

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**Action of the Committee on Deferred Payment**

\_\_\_\_\_ Declined

\_\_\_\_\_ Approved Payment      Date      Amount

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Students' Accounts Section / Manager**

**PAYMENT DECLARATION**

I \_\_\_\_\_ Student ID no. \_\_\_\_\_ agree to pay all remaining /  
deferred fees plus surcharge **before November 27, 2009.**

Failure on my part to comply with this agreement preserves the right to cancel my first semester of the  
academic year **2009-2010** without the entitlement for a refund of any money already paid.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of student