

AMERICAN UNIVERSITY OF BEIRUT
COMPTROLLER'S OFFICE



Deferred Payment application form for Spring 2011/2012.

Please note that this application form should be submitted to the Comptroller's Office - Students Accounts Section, College Hall Room 112 by **January 13, 2012.**

First Name: _____ Family Name: _____

Student ID #: _____ Faculty & Class: _____

Email: _____ AUB PO Box #: _____

Permanent Home Address: _____

Telephone no: _____

- 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 April 20, 2012.** 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.

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 2011 – 2012?

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 **April 20, 2012.**

__ Expecting financial aid from an organization other than AUB before **April 20, 2012.**

E - I request a deferral of _____ [Amount / Percent] of my tuition fees.

Date _____

Signature of student _____

AUB Financial Aid received: _____ AUB Loan received: _____
Academic year 2011/2012 *Academic year 2011/2012*

PAYMENT DECLARATION

I _____ Student ID no. _____

agree to pay all remaining /deferred fees plus the surcharge **before April 20, 2012.**

Failure on my part to comply with this agreement reserves the right to cancel my second semester of the academic year 2011-2012 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 Payment