



Full Name: .....

AUB ID number: .....

I certify that Business License is not applicable in my case and that I will inform the Financial Aid Office in case of any change; and I understand that any false statement, information or misrepresentation on this application or any accompanying document(s) may lead to immediate loss of my financial aid and subject me to disciplinary action.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (DD/MM/YYYY)