



**AMERICAN  
UNIVERSITY  
OF BEIRUT**

**OFFICE OF FINANCIAL AID**  
مكتب المساعدات المالية

**Full Name:** .....

**AUB ID Number:** .....

**I certify that Form A 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.**

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**Signature**

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**Date (DD/MM/YYYY)**