AMERICAN UNIVERSITY OF BEIRUT

Office of Financial Aid
مكتب المساعدات المالية

EMPLOYEE INCOME STATEMENT DISCLAIMER

Full Name: _____

AUB ID Number: _____

SLATE ID Number: _____

I certify that the Employee Income Statement is not applicable in my case and that I will inform the Office of Financial Aid in case of any change; and I understand that any false statement, false 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 (MM/DD/YYYY)

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