



**AMERICAN  
UNIVERSITY  
OF BEIRUT**

**OFFICE OF FINANCIAL AID**  
مكتب المساعدات المالية

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

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

**I certify that Medical Insurance Documents are 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)**