



Financial Aid Office  
مكتب المساعدات المالية

[www.aub.edu.lb](http://www.aub.edu.lb)

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

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Signature

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Date(DD/MM/YYYY)