



# AIR UNIVERSITY

## (INSTALLMENTS APPLICATION FORM)

Name: \_\_\_\_\_

Registration ID: \_\_\_\_\_

Department: \_\_\_\_\_

Date: \_\_\_\_\_

Contact No. \_\_\_\_\_

Reasons:

Note: Submit your application to Financial Aid Office one week before the final date of tuition fees.

Registrar's Office

Approved

Not Approved

Date: \_\_\_\_\_