

SIBLING DISCOUNT APPLICATION  
(AA/FIN/107)

Applies only to cases of sibling currently enrolled or graduated from AUI

**3<sup>rd</sup> Child Information:**

Applicant's Full Name	_____	Student ID	_____
Date of Birth	_____	Citizenship	_____
	Month Day Year		
Major	_____	Semester of 1 <sup>st</sup> Entry at AUI	_____

Applicant's Signature: \_\_\_\_\_

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

**2<sup>nd</sup> Child Information:**

Student's Full Name	_____	Student ID	_____
Date of Birth	_____	Citizenship	_____
	Month Day Year		
Please check the Appropriate box:	Current Student : <input type="checkbox"/>	Semester of 1 <sup>st</sup> Entry at AUI	_____
	Graduated : <input type="checkbox"/>	Graduation Semester	_____
		Signature	_____

**1<sup>st</sup> Child Information:**

Student's Full Name	_____	Student ID	_____
Date of Birth	_____	Citizenship	_____
	Month Day Year		
Please check the Appropriate box:	Current Student : <input type="checkbox"/>	Semester of 1 <sup>st</sup> Entry at AUI	_____
	Graduated : <input type="checkbox"/>	Graduation Semester	_____
		Signature	_____

For Office Use Only:

Verified by **FAO** \_\_\_\_\_

Date \_\_\_\_\_

Discount Amount: **5000** DH