

## PARENT STUDENT DECLARATION AND OBLIGATION FORM



عضو في مؤسسة قطر  
Member of Qatar Foundation

### DECLARATION

I understand that my application will not be reviewed until all required documents are submitted to QF-HBKU-Student Financial Services and all fields on this electronic financial aid application are filled out.

I will inform QF-HBKU-Student Financial Services in writing if my circumstances change in any way that might affect any amount of financial aid I have received, or you have paid/or are likely to pay on my behalf.

I understand that if I give you false information, or do not provide you with complete information, you may withdraw my financial aid at any time and I will not be able to apply again.

I agree to repay the amount I have received or that has been paid on my behalf in line with the relevant QF-HBKU-Student Financial Services policies as amended from time to time.

To the best of my knowledge and belief, the details I have given on this form are complete and accurate.

I agree to provide you with any further information you may ask for.

I authorize QF-HBKU-Student Financial Services to verify any information relevant to my financial aid application and to contact resources including but not limited to the following: employers

(past or present), schools, banks, chamber of commerce, ministry of interior, I also authorize the aforementioned to release the requested information to representatives of the QF-HBKU-Student Financial Services throughout my enrollment in an Education City branch campus/center.

I understand that all related information to my financial aid award is confidential and by sharing this info with others, I jeopardize my receipt of financial aid.

I understand that I need to inform QF-HBKU-Student Financial Services of any changes affecting my financial aid application within 10 business days (scholarship, change in income, expenses, etc.).

I understand that I need to inform QF-HBKU-Student Financial Services in case one of more of the following occurs:

- I need to take a leave of absence.
- I withdrew from the university.
- I transfer to another university.
- I change my program of study (Major).

I understand that failure to do any of the above would result in a 1.25% penalty that will be added to the outstanding amount of my financial aid loan.

**Please Complete This Form and Upload it to Your Online Application.**

\_\_\_\_\_  
*Student name & signature*

\_\_\_\_\_  
*Guarantor name & signature*

\_\_\_\_\_  
*Date (DD/MM/YYYY)*

\_\_\_\_\_  
*Date (DD/MM/YYYY)*