

Proof of Payment Form

IXO Late Application Non-refundable Deposit
Incoming Visiting (IXAD)

First Name _____ Middle Name _____

Family Name _____ AUS Student ID# _____

Email Address _____ Telephone _____

Semester of Study at AUS _____ Payment Fee (IXAD) _____ AED 800.00

Cashier's Stamp and Date _____