



Application for Visiting Medical Students



Faculty of Medicine, Office of the Dean,
 American University of Beirut,
 P.O. Box: 11-0236, Riad El-Solh, Beirut 1107 2020,
 LEBANON
 Tel: 961 1 350000, 340460 ext: 4702
 Fax: 961 1 744 489
 E-mail: med@aub.edu.lb

This application should be completed and submitted with an official transcript of record, L.L. 60,000 (US\$ 40) application fee and a separate passport size photograph to the above mentioned address

Part I (to be completed by the visiting student)

ELECTIVE CHOICE

First choice		Date	
Second choice		Date	

PERSONAL INFORMATION

1. **Name** (print full name in accordance with identity card or passport)

In English	Last	First	Middle	
In Arabic	Last	First	Middle	(from Arabic speaking applicants only)

4. **Parent Medical School** _____

5. **Class** _____

6. **Expected date of graduation** _____

7. **Citizenship** _____

9. **Gender** Female Male

10. **Current mailing address** (the address you provide under this item will be used to communicate to you the status of your application)

Bldg.	Street	City	Country
Cell phone	Fax	e-mail	

EDUCATION

12. **List all Clerkships completed or currently in progress** (For each clerkship listed below, indicate the period spent or you expect to spend before joining the elective)

Clerkship	No. of weeks	University	Location	Date
Medicine				
Surgery				
Pediatrics				
Obstetrics & Gynecology				
Psychiatry				

Student's Signature _____

Part II (to be completed by the Dean of the visiting student)

The above named student is a registered full time student in good standing at _____. The student is presently in her/his _____ year of a _____ year program studying for the M.D. degree. The student has the permission to take the requested elective during the periods listed. This student will ___ will not ___ pay tuition at our Faculty during the period of elective. The personal health coverage is ___ is not ___ in effect while the student is away from our Faculty. Malpractice insurance covers ___ does not cover ___ the student away from our faculty. Academic credits will ___ will not ___ be awarded upon receipt of a passing grade. An evaluation of the student's performance will ___ will not ___ be required (if a special form of evaluation is required please enclose one).

School Seal	Signature	
	Name	
	Title	
	Date	

Part III (to be completed by the Department accommodating the student)

This application is approved ___ / not approved ___. The student should report to _____.

Date & time _____.

Chairman's Signature _____.

Dean's approval _____.

Note to the Applicants

1. Visiting students can participate in medical programs which are in progress. Special programs cannot be devised to suit special requirements by the student or their sponsors. Participation in elective educational and training activity should not impose any liability on the Faculty of Medicine.
2. Tuition fee: The Faculty of Medicine does not impose a tuition fee for the elective clerkship of visiting students.
3. Visiting student, like the Faculty student, must wear white gowns on the floors. Visiting student should provide their gowns.
4. Lodging: Lodging will be at the student's expense. Students can be accommodated in the University housing facility subject to availability of a vacancy. The daily fee is about L.L. 23,000 (U.S. \$ 15) for a private room or L.L. 15,000 (U.S. \$ 10) for a double room. If you plan to use the University student housing facility, you are urged to notify our Office at least two weeks prior to your arrival in Beirut.
5. Boarding: Food can be purchased at the Medical Center cafeteria.
6. Application process: Available electives are assigned on first come first served basis. Application will not be processed until completed form is received including applicant's transcript of record and L.L. 60,000 processing fee.
7. Application material should be sent to:
Sami Sanjad, M.D.
Assistant Dean for Student Affairs
Faculty of Medicine, Office of the Dean,
American University of Beirut,
P.O. Box: 11-0236, Riad El-Solh, Beirut 1107 2020, LEBANON
Fax: 961 1 744 489
8. Questions regarding the application process: Mahmoud H. Harb
Student Services Officer
e-mail: med@aub.edu.lb