American University of Beirut

2008–09
Welcome
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Note: Please enclose the residence hall application, the medical form, and the family information form; in their respective envelopes provided with this package and submit them at the Office of Students Affairs, University Health Services (UHS), and Office of Development respectively.
Welcome to AUB

June 2008

Dear new student,

We have received your enrollment card and fee and are delighted that you will be joining AUB this fall. Orientation sessions for new students, which will cover university requirements, faculty and departmental requirements, transfer policies and other related issues of interest to students, will take place in July and September (see attached for details).

Please make sure to submit the required documents mentioned in your letter of admission from August 11 to August 29, 2008 (for new undergraduate students from Lebanon) and from September 17 to September 19, 2008 (for new freshman, graduate and new students coming from abroad). These documents include:

1. Proof of having met the English Language Proficiency Requirement (SAT Writing, TOEFL or EEE)
2. True authenticated copy of Diploma/Secondary School Certificate and evidence of successful completion of Grade 12 at school
3. Lebanese freshman students only: Permission to enter freshman class
   (only if registering as a Lebanese citizen)
   Sophomore students only: Equivalence of Lebanese Baccalaureate Part II
   (if Lebanese with a non-Lebanese diploma)
4. Medical form (to be submitted to the University Health Services in the attached envelope)
5. Residence application form (may be submitted by August 8, 2008)
6. Hospital Insurance Plan exemption form (if seeking exemption, sign waiver form from July 22 to August 8, 2008 for new undergraduate students registering between July 21 and August 1, 2008 and from September 16 to October 10, 2008 for all students registering between September 22 and 26, 2008, Benefits Coordinator’s Office.)

Advising and on-line registration for all new sophomore students will take place between July 21 and August 1, 2008. New freshmen, graduates, and students arriving from abroad may complete advising and on-line registration between September 22 and 26, 2008 (Details are listed on the following page).

Please read through all the materials in this package and follow the instructions carefully and let us know of any questions you or your family have. We look forward to welcoming you to AUB this fall!

With best regards,

[Signature]

Salim Kanaan, PhD
Director of Admissions
# Registration Guide for Fall 2008–09

To facilitate your registration, please follow the stages, 1–5 as is indicated below in the first table. In order to meet certain deadlines of items that pertain to you, please refer to the second table.

## Registration Stages

<table>
<thead>
<tr>
<th>Registration Stages</th>
<th>Time and Date</th>
<th>Place</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-registration submission of documents ¹</td>
<td>August 11–29, 2008 9:00 am–12:00 noon (for new undergraduate students from Lebanon) September 17–19, 2008 (for new freshmen, new graduate students and new students coming from abroad)</td>
<td>College Hall (Office of Admissions)</td>
</tr>
<tr>
<td>Advising</td>
<td>July 21–August 1, 2008 8:30 am–4:30 pm (for new undergraduate students from Lebanon) September 22–26, 2008 8:30 am–4:30 pm (for new freshmen, new graduate students and new students coming from abroad)</td>
<td>Department concerned</td>
</tr>
<tr>
<td>On-line course registration via Internet</td>
<td>July 23–August 1, 2008 (for new undergraduate students from Lebanon) September 24–26, 2008 (for new freshmen, new graduate students and new students coming from abroad)</td>
<td>Check registration schedule next page</td>
</tr>
<tr>
<td>New Student Orientation Program</td>
<td>July 21–31 (for new undergraduate students from Lebanon) September 20–24 (for new freshmen and international students) September 25–27 (all new undergraduate students)</td>
<td></td>
</tr>
<tr>
<td>Payment of Fees ² Statements of fees could be obtained on-line through AUBSIS ³</td>
<td>July 28–August 23 (for those who registered between July 23 and August 1) September 25–30 (for those who registered between September 22 and 26)</td>
<td>Ras Beirut branches of: Arab Bank, Bank Audi, Bank Med, HSBC, BLOM, and Western Union Bank</td>
</tr>
</tbody>
</table>

### Item

<table>
<thead>
<tr>
<th>Item</th>
<th>Deadline</th>
<th>Place</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dorm residents</td>
<td>August 8, 2008</td>
<td>Office of Student Affairs</td>
</tr>
<tr>
<td>Deferred payment</td>
<td>July 23, 2008 (for those who registered between July 23 and August 1) September 24, 2008 (for those who registered between September 22 and 26)</td>
<td>Office of the Comptroller (Students’ Accounts Section)</td>
</tr>
<tr>
<td>Registration formalities for staff and staff dependents</td>
<td>July 10–August 18, 2008 (for those who registered between July 23 and August 1) September 18–October 13, 2008 (for those who registered between September 22 and 26)</td>
<td>Human Resources/Office of the Comptroller</td>
</tr>
<tr>
<td>Drop and add period</td>
<td>September 29–October 8, 2008</td>
<td>Via the Internet</td>
</tr>
<tr>
<td>Late payment of fees</td>
<td>August 25–September 10, 2008 (for those who registered between July 23 and August 1) October 1–8, 2008 (for those who registered between September 22 and 26)</td>
<td>Bank assigned</td>
</tr>
<tr>
<td>Hospitalization Insurance Plan waivers</td>
<td>July 22–August 8, 2008 (for new undergraduate students registering between July 23–August 1) September 16–October 10, 2008 (for all students registering between September 22–26)</td>
<td>Human Resources</td>
</tr>
<tr>
<td>Submitting of NSSF declaration ⁴</td>
<td>Not later than October 20, 2008</td>
<td>Office of the Registrar</td>
</tr>
<tr>
<td>Last date for withdrawal</td>
<td>December 12, 2008</td>
<td>Department concerned/Office of the Registrar</td>
</tr>
</tbody>
</table>

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¹ New students must report to the University Health Services for medical clearance before starting to register.
² New students are urged to secure a post office box immediately after payment of fees.
³ Bursary students should go in person to the Office of Student Affairs to collect their statements of fees and finalize their registration.
⁴ Fees are paid, in certified cheques only. Cheques should be issued to the order of the bank concerned according to the following format: “Pay to the order of (Name of the Bank) Account AUB”. The value of the cheque should be the exact amount shown on the statement of fees.
⁵ Lebanese and some European citizens have to submit the NSSF declaration within the scheduled period according to the registration guide at the university calendar.
On-line Registration Schedule for New Students

<table>
<thead>
<tr>
<th>Date</th>
<th>Class</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>September 22–26</td>
<td>New freshman students, new undergraduates coming from abroad, new graduate students, old returning, and cross registering students</td>
<td>To be determined</td>
</tr>
<tr>
<td>July 23–August 1</td>
<td>All other new undergraduate students</td>
<td>To be determined</td>
</tr>
</tbody>
</table>

Registration Centers

<table>
<thead>
<tr>
<th>Faculty</th>
<th>Free Labs (8:30 am–4:30 pm)</th>
</tr>
</thead>
<tbody>
<tr>
<td>FAS</td>
<td>Bliss 208, 209, 210, and Physics Lab 102</td>
</tr>
<tr>
<td>SB</td>
<td>Lab I, fourth floor, and Lab II, first floor (School of Business)</td>
</tr>
<tr>
<td>FAFS</td>
<td>FAFS Computer Center</td>
</tr>
<tr>
<td>FEA</td>
<td>Labs 1, 2, 3, 5, and 6</td>
</tr>
<tr>
<td>FHS</td>
<td>Van Dyck Computer Labs</td>
</tr>
</tbody>
</table>

Note: Prepare your schedule with your adviser before your registration time.

For information regarding guides for registration, university calendar, catalogue, graduation requirements, and the latest announcements, please check the updated Office of the Registrar’s web page at [http://staff.aub.edu.lb/~webregist](http://staff.aub.edu.lb/~webregist)
Web Registration

Fall Term 2008–09

How to register on-line

New students can register on-line via the Internet from their homes, from campus registration centers, or from assigned computer labs, only on the dates assigned to them on the previous page.

Student’s web registration account activation steps (AUBsis account)

1. Go to directly to http://www.aub.edu.lb/banner or
2. Go to AUB homepage at http://www.aub.edu.lb and
3. Select Students, Current Students, AUBsis Student Information System.
4. Access the Login Secure Area.
5. Enter your student ID number and your PIN-Code, and then reconfirm your PIN-Code.
6. (NOTE: first time access, your PIN-Code is set to your birthday in this format “MMDDYY”)
7. You will be asked to change your PIN-Code
8. (NOTE: select a difficult to guess even by your closest friends PIN-Code)

How to register your courses on-line

1. If you are not logged in to AUBsis; go directly to http://www.aub.edu.lb/banner
2. Access the Login Secure Area.
3. Enter your student ID number and your PIN-Code, and then reconfirm your PIN-Code.
4. Select Student Services.
5. Select Registration, Term Selection and select Fall 2008–09 to register courses.
6. Select Check Your Registration Status to display various items that affect student registration including registration holds and time ticket. Then click on [Return to Menu]
7. Select Add/Drop Classes to register courses.
8. The system will ask you to enter an Alternative PIN-Code, which will be provided to you by your academic adviser during academic advising period).
9. The link for Class Search helps you look up for available sections. You need to select one or more subject and then narrow your search by entering other choices like course number, course title, schedule type, campus, and instructor name, along with desired days and time. From the search list select the desired course section. You can then register (the process of registering the course is performed), or add to worksheet (the course CRN is added to the array of the registration page where you should click on the submit changes button to finalize the registration process).

Other on-line registration options

1. Registration Menu > Look Up Classes to Add: During registration and drop/add use this option to look-up and search for availability of places in courses.
2. Registration Menu > Student Schedule by Day and Time: Use this option to display and print the term schedule.
3. Registration Menu > Student Detail Schedule: Students can display detailed information of their registered courses.
4. Student Services > Student Records > Web Statement of fees: Displays the selected term fees.
Help Desk: The registration help desk will be located in West Hall.
How to activate your AUB email account (AUBnet account)

New students can activate their AUBnet email via the Internet from their homes, from campus computer labs, or from assigned labs. Communication at AUB between faculty, administration and students is conducted mainly over AUBnet email. So even if you plan to use other email services such as Yahoo or Hotmail, as a new student you are urged to activate your AUBnet email account and forward it to you other email account or access it via AUB IMAIL or POP services.

Student’s email account activation steps  (AUBnet account)

2. Select Students, Current Students, and select AUBnet Student Computing Services.
3. From the Quick Access Box, Select New AUBnet User Account.
4. Follow the instruction and read and agree to abide by AUB code of conduct for users of computing services. This would open the “Managing Personal AUBnet Accounts” page.
5. Select Activate Student AUBnet Account.
6. Enter your student ID number and your password (Your birthday in this following format (MMDDYY), then your new password and reconfirm your new password.
7. Submit.
8. Your AUBnet account will be activated and ready for use within 20 minutes.

To access your AUBnet email via IMAIL

2. Select  Imail  from the top menu bar.
3. Authenticate using your AUBnet user account and password.

To forward your AUBnet email to your preferred email account

2. Select Students, Current Students, and select AUBnet Student Computing Services.
3. From the Quick Access Box, Select Email Forwarding.
4. Select Add/Update.
5. Enter your AUBnet user account, your password and the Forward Email Address.
6. Submit.

AUBnet on-line help and frequently asked questions

2. Select Students, Current Students, and select AUBnet Student Computing Services.
3. Select New Students for on-line help, configuration tips, and FAQ.

You can also contact CNS Help Desk via email cns.helpdesk@aub.edu.lb
AUB Academic Advisers

At the American University of Beirut (AUB), advisers work with students to help them set their educational goals, achieve their potential, and become successful learners. Academic advising is also an opportunity to inform students about AUB’s rules and regulations, culture and values.

The process of academic advising should assist students to view their educational experience as meaningful, purposeful, and consistent with their goals and interests. Regular contact with advisers is an important part of a successful advising relationship. The goal is to assist students to become self-reliant and able to make significant decisions about their educational experience and their future career plans.

Successful academic advising requires that the student fulfill her/his responsibilities. These responsibilities include the following:

1. Establish initial contact with academic adviser
2. Seek out the academic adviser as the primary point person
3. Be familiar with policies and regulations, academic and administrative processes, and standards of achievement at AUB
4. Consult with the adviser at least once a semester to decide on courses, verify graduation time and requirements, and review academic performance
5. Beware of program requirements
6. Ensure that all required placement/aptitude tests have been taken

The role of the adviser is to insure that students successfully met the requirements of their academic programs. Advisers serve as essential support for students when they face academic, administrative, and personal problems.

As a new student, please make sure you meet with your adviser when you arrive on campus and maintain contact as you pursue your academic career.
The English Placement Test

Only students who have taken the old SAT I (mathematical and verbal reasoning) and/or IELTS, and have met the English Language Proficiency Requirement (ELPR) and transfer and special students, are required to sit for an English Placement Test (EPT). The EPT, which consists of writing an essay, determines the English course that the student will register for in the first semester.

Students who have taken the TOEFL and/or EEE, and/or the new SAT I (mathematical reasoning, critical reading and writing), and have met the (ELPR), are not required to take the English Placement test.

The EPT will be given on Tuesday, July 22, at 9 am. Students who would like to take the EPT should register their names with the English Department secretary (Fisk 345) on Monday prior to taking the test. The test is a one hour essay. Students should check with the secretary to know in which room it will be given.

The Arabic Placement Test

The Arabic Placement Test (APT) is optional. Students who opt not to sit for the APT will have to register in ARAB 201B or any course above 211 excluding ARAB 213, 214, 215, 216, 217, and 218. The option of APT will be reserved for those students who think they may be too weak to follow higher courses and that they should take ARAB 201A. Such students may sit for their APT to ascertain that their level of proficiency in Arabic is not appropriate for a higher course. This will be further ascertained during the course itself.

Students entering at the freshman level do not have to sit for the APT. Their placement for future Arabic requirements will be decided by their scores in the Arabic freshman courses.

The APT will take place on July 23, 2008 at 9:00 am in 500 Nicely and is open only for those students intending to take the Arabic requirement during fall 2008–09.
Arabic Exemption Form

Students following the Lebanese Baccalaureate program or a program leading to the government secondary school certificate from an Arabic speaking country are required to take Arabic courses. Students admitted to the sophomore class are required to take one Arabic course as mentioned the previous page; students admitted to the freshman class are required to take Arabic 101 and 102 in addition to one Arabic course in their sophomore year.

Other students who were following a foreign program and have not taken Arabic in their secondary school years or whose proficiency in the Arabic language does not qualify them to take university level Arabic courses may apply to be given an exemption by filling this form.

Name: ______________________________ | ______________________________ | ______________________________

Family | First | Father’s (Middle) Name

AUB ID No.: __________________________________________________________________________________________

Major and faculty accepted in: __________________________________________________________________________

School and diploma received: __________________________________________________________________________

Email: ______________________________________________________________________________________________

Please state briefly the reason(s) for requesting exemption from Arabic (include any supporting documents such as transcript of record and/or statement from high school explaining why you do not qualify for taking Arabic courses). Exemption requests lacking supporting documents will not be considered.

____________________________________________________________________________________________________

____________________________________________________________________________________________________

____________________________________________________________________________________________________

____________________________________________________________________________________________________

Signature:________________________________________ Date: ______________________________

This form should be submitted at the Office of Admissions during pre-registration.

For office purposes only

Decision: __________________________________________________________________________________________

Signature:________________________________________ Date: ______________________________
New Student Orientation Program (NSOP)

Fall 2008–09

Office of Student Affairs
West Hall-Ground floor
Room 114

Prior to the start of the academic year, all newly admitted students participate in the New Student Orientation Program (NSOP) to familiarize themselves with the University, the faculty and each other. This year NSOP is divided into the following phases:

The first phase of the NSOP (July 21–31, 2008) is especially designed to acquaint new sophomore students with the process of registration and the campus. All newly accepted sophomore and first year students who are residing in Lebanon are required to attend this phase. Sophomore students are kindly requested to register for this phase as soon as possible and prior to July 5, 2008. A detailed orientation schedule will be posted on our website <http://staff.aub.edu.lb/~websao/> by July 10, 2008. Upon payment of enrollment of fees, new sophomores should submit the enclosed form to the Office of Student Affairs in West Hall, Room 111.

The second phase of the NSOP (September 20–24, 2008) is especially designed to acquaint new freshman and international students with the process of registration and the campus.

These two phases will be followed by a welcome program between September 25 and 27, 2008, which requires the attendance of all new students (International, freshman, sophomore, transfer and special students). All new students are kindly requested to sign up for the orientation as soon as possible before September 5, 2008. To sign up, fill the enclosed form and address it to Office of Student Affairs. For more information please check our website: http://staff.aub.edu.lb/~websao.

During the orientation, staff, faculty and current students will help you plan your fall semester schedule, enroll in your courses, and meet faculty and staff members and other new students. You also will learn about student services and other opportunities that will help you make the most of your university experience. The welcome program will include many social and academic events to introduce you to the student life at AUB.

For more information regarding the above orientations, please contact us

Student Affairs Orientation Planning Committee
PO Box 11-0236
Riad El-Solh 1107 2020
Beirut, Lebanon
Tel: 961 1 374-374 Ext. 3170
Fax 961 1 744-478
Email: std-act@aub.edu.lb

Information regarding student housing, activities, international student services, athletics and counseling can be found at: http://staff.aub.edu.lb/~websao/.
Orientation Registration Form

Name: ____________________________________________________ AUB ID No.: _______________________________
Country of citizenship: _______________________________ School graduated from: ____________________________

Faculty accepted to, check one

☐ Faculty of Agricultural and Food Sciences
☐ Faculty of Arts and Sciences
☐ Faculty of Engineering and Architecture
☐ Faculty of Health Sciences
☐ School of Nursing
☐ Suliman S. Olayan School of Business

Class:

☐ I am accepted as: ☐ Sophomore ☐ Special ☐ Transfer ☐ Other, specify ______________________

☐ I am accepted to the freshman class in the Faculty of Arts and Sciences

in the following major: __________________________ Email: __________________________________________
Telephone: ___________________________________________ Mobile (if applicable): ___________________________

Parent current residence address of parents:

____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________

☐ I am a sophomore student and I will be attending the orientation on July 21, 2008

☐ I am a sophomore student and I will be attending the welcome program on September 25, 2008

☐ I am an international student and I will be attending the orientation on September 20, 2008. I have already submitted the international students orientation application.

☐ I am a freshman student and I will be attending the orientation on September 21 and the welcome program on September 25, 2008.

I hereby confirm that I am aware that the New Students Orientation Program (NSOP) is a mandatory requirement for registration at AUB. I am also aware that missing the NSOP may result in failing to enroll in the courses of my choice.

Date:______________________________________________________ Signature:  ______________________________
International Student Orientation Program (ISOP)

Fall 2008–09

International Student Services
Office of Student Affairs
West Hall, Ground Floor
Room 113

At AUB, we are aware of the demands and needs associated with international students who are applying to study and live in a foreign country. Therefore, ISOP is intended to help create a smooth transition to AUB and introduce new international students to the Lebanese and AUB culture.

All international students are strongly encouraged to register for and attend ISOP which will mainly cover life in Lebanon and AUB. Registering with ISOP will automatically place you in the Ambassador Program where you will be matched with an international peer or ambassador to help you settle and accommodate to your environment.

Who is an international student?

☐ Student with a foreign citizenship or nationality

☐ Lebanese students who have graduated from schools abroad

It is very important that you fill out pages 1–4 so that we can better understand and cater to your needs during ISOP.

For a detailed schedule for ISOP and more information on our Ambassador Program please visit our webpage: http://staff.aub.edu.lb/~webiss/

For more information on ISOP please contact

Coordinator of International Student Services
American University of Beirut
Office of Student Affairs
PO Box 11-0236
Riad El Solh 1107 2020
Beirut, Lebanon

Tel: + 961 1 374374, ext: 3176
Fax: + 961 1 744478
Email: intlstds@aub.edu.lb, rm64@aub.edu.lb

Send pages 1–4 once completed in the enclosed envelope.
ISOP Registration Form

This form can also be filled out and submitted directly on-line from the International Student Services webpage. All new international students are required to attend ISO. Optional services for ISOP include airport shuttle (for two days prior to ISOP) and temporary on-campus housing (for the duration of orientation). Fill out all that applies to you and send in the enclosed self-addressed envelope.

Deadline to submit is Tuesday, 9 September, 2008.

ISOP Registration—Obligatory
☐ I am officially registering for the International Student Orientation Program on Saturday, 20 September, 2008

<table>
<thead>
<tr>
<th>Name: __________________________</th>
<th>__________________________</th>
<th>__________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family</td>
<td>First</td>
<td>Father’s (Middle) Name</td>
</tr>
</tbody>
</table>

Nationality: ______________________________________________________ AUB ID No.: __________________________

Class (freshman, etc): __________________ Faculty: __________________ Major: __________________

Email address (Since you will be confirmed via email, please write clearly): ______________________________________

Airport shuttle—Optional (only available for Thursday 18 and Friday 19 September, 2008)
☐ I am registering to be picked up at the airport. Please find below my flight details as shown on ticket:

Arrival date:  ☐ Friday, 19 September, 2008  ☐ Thursday, 18 September, 2008

Airline: ___________________________ Flight code and number: ___________________________

Arrival time ______________ AM ☐ PM

Airport code: ___________________________ City (directly prior to arrival in Beirut): ___________________________

* Important: If you cancel or make any changes to your flight plans, please notify us immediately.

The total number of shuttle passengers, including self, is: ____________

I will be accompanied by:  ☐ Spouse  ☐ Partner  ☐ Family Member  ☐ Friend  ☐ Other: ____________

On-campus housing for international students—Optional

Temporary on-campus housing is provided for international students from September 18 to September 22, 2008 at noon. If a student wishes to stay permanently in the AUB dorms after September 22, for the duration of the semester they need to also fill out the residence application of the AUB Student Housing Office.

☐ I will check in September 18/19, 2008. I will check out September 22, 2008 and will be living off campus.

☐ I will check in September 18/19, 2008. I wish to stay permanently in the dormitories for fall 2008–09. I have submitted the residence application.

☐ I will not require temporary housing, and will directly move into my permanent dorm room on September 22, 2008. I have submitted the residence application.

☐ Other: _______________________________________________________________

Detach and mail to AUB
International Student Contact Form and Information

Name: ______________________________ | ______________________________ | ______________________________

Family | First | Father’s (Middle) Name

AUB ID No: __________________________

Date of birth (d/m/y): ______ | ______ | ______

Gender: □ Male □ Female

Class: □ Freshman □ Sophomore □ Special/ Visiting □ Transfer □ Graduate □ Other ____________

Major: ___________________________ Faculty: ___________________________

Nationality: __________________________ Country of birth: __________________________

Do you have a dual nationality? If yes, please indicate: __________________________

Permanent address in home country: ____________________________ | ____________________________

Street | City

| | |

| | |

State | Country | Zip Code

Telephone number: _______________ | _______________ | _______________

Country Code City Code Number

Please provide us with contact information for the person you would like us to reach in the event of an emergency. Print clearly.

Name: ___________________________ Relationship to you: ___________________________

Address: __________________________

Telephone: __________________________ | __________________________

Home | Work

Email: ____________________________

* In case of emergency facing the student, the University reserves the right to disclose information to parents, legal guardians, and other academic or university officials.

Immigration information

Passport information

Country issued by: __________________________

Passport No.: __________________________

Date issued: __________________________

Place issued: __________________________

Expiration date: __________________________

Visa/Residence permit (RP) information

Visa type or RP No.: __________________________

Place issued: __________________________

Date issued: __________________________

Expiration date: __________________________

Single entry: __________ Multiple entry: __________

The ISS should be your first stop once you arrive at AUB. It is located on the ground floor in West Hall, Room 113 within the offices of Student Affairs.
International Student Information Form

Information in this section will be used to help us understand your needs to be able to address and cater for them during ISOP.

Please tick one of the following five categories that best describes your background and ethnicity and complete the subsequent information.

**Dual foreign nationality**

Please specify: ____________________________________ | __________________________________________________

☐ Been physically present in Lebanon including visits for vacation purposes
☐ Never been to Lebanon

**Foreign nationality beyond the MENA* region (see description below)**

Please specify: ____________________________________ | __________________________________________________

☐ Been physically present in Lebanon including visits for vacation purposes
☐ Never been to Lebanon

**Nationalities form the MENA* region (see description below)**

Please specify: ____________________________________ | __________________________________________________

☐ Been physically present in Lebanon including visits for vacation purposes
☐ Never been to Lebanon

**Lebanese with dual nationality/citizenship**

Please specify: ____________________________________ | __________________________________________________

☐ Resided abroad for the last three years excluding brief visits to Lebanon for vacation proposes
☐ Resided in Lebanon for the last three years excluding brief absences for vacation proposes

**Lebanese coming from abroad**

☐ Lived abroad for more than 10 years excluding brief visits to Lebanon for vacation proposes
☐ Lived abroad for 5–10 years excluding brief visits to Lebanon for vacation proposes
☐ Lived abroad for 2–5 years excluding brief visits to Lebanon for vacation proposes
☐ Lived abroad for less than 2 years excluding brief visits to Lebanon for vacation proposes

MENA region countries include:

- Algeria
- Bahrain
- Djibouti
- Egypt
- Iran
- Iraq
- Jordan
- Kuwait
- Lebanon
- Libya
- Morocco
- Oman
- Palestine
- Qatar
- Saudi Arabia
- Tunisia
- United Arab Emirates
- Yemen

Other Regions in the Greater MENA
- Afghanistan
- Cyprus
- Mauritania
- Somalia
- Sudan
- Turkey
Residence Hall Application

New/Old Returning Students Fall 2008–09

Office of Student Affairs
West Hall, ground Floor,
Room 114

Please read the information found on this sheet and keep it as a reference. Priority for on-campus housing is for the undergraduate students. Graduate students will be accommodated only if places are available.

Criteria for entry into the student residence halls
As a general principle, subject to availability, all students at AUB are entitled accommodation for on-campus student housing. Choice of building is based on priority in the following order:

1. Seniors, who in their previous years at AUB, did not reside in their preferred residence hall
2. Those wishing to remain in the residence hall they were allocated the previous semester
3. All others including freshmen, sophomores, and graduate students

* Kindly note that the choice of room/dorm for new students is determined by Student Housing which reserves the right to change the resident’s assigned room in cases where private may be assigned.

Mail or hand in the form to the Office of Student Affairs, West Hall, Ground Floor
Abide by the submission deadline shown at the end of the application form.
Early application is strongly advised.
E-mail: ns25@aub.edu.lb
Tel. :+ 961 1 374 374, ext. 3170/71—Fax: + 961 1 744 478
This form is also available on the web http://staff.aub.edu.lb/~websao/house

Deposit fee
Upon submission of your application, a deposit fee of LL150,000 must be paid to reserve your room. This amount should be paid in cash at the AUB Cashier’s Office or by virtue of a certified cheque to the order of the American University of Beirut. Please do not send cash money by mail.

Note
Smoking is not permitted in public areas of the dorms and double as well as semi private occupancy rooms. Alcohol is strictly prohibited at all times anywhere in the dorms.

Residence hall fees for fall 2008–09

<table>
<thead>
<tr>
<th>Room Type</th>
<th>Total residence hall fee in Lebanese pounds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Double</td>
<td>1,716,000 (around 1,144 USD)</td>
</tr>
<tr>
<td>Semi Private *</td>
<td>2,120,000 (around 1,413 USD)</td>
</tr>
<tr>
<td>Private</td>
<td>2,775,000 (around 1,850 USD)</td>
</tr>
</tbody>
</table>
Residence Hall Application

Fall 2008–09

Residence requirement for freshman students
Freshman students whose parents do not reside in Beirut or its suburbs are required to live in the university residence halls during their first year. This requirement may be waived upon written request by a parent or guardian submitted to the Office of Student Affairs.

Deadline for submitting dorm application
Completed application should be submitted to the Office of Student Affairs by Friday, August 8, 2008. Kindly note that spaces are limited. Applications received after the deadline will be processed only if space is available. Early application is strongly advised.

Cancellation of application and liability for fees
Students may cancel their application for room reservation without financial penalty by Friday August 29, 2008. Cancellations must be submitted in writing to the Office of Student Affairs or via email. Students who cancel after this date will lose the LL150,000 deposit fee paid.

Failure to take up residence and early departure
Failure to take up residence does not eliminate liability for fees. Failure to cancel the room reservation prior to the start of the semester will result in a fine ranging between 10% and 25% of the student residence fee. Those who voluntarily depart from their dorm before the end of a semester are not entitled to receive a refund.

Confirmation of dorm/room assignments
Confirmation of dorm assignments will be announced by Monday September 22, 2008.

Services and equipment
AUB provides basic furniture in each room as well as free laundry and ironing facilities. We do not provide linen, towels or household appliances. Students should bring with them pillows, bed linen, towels, and any small electrical appliances they may require. Gas containers and/or electrical heaters represent a safety threat and are therefore prohibited. All dorms are wired for 220 volts except Kerr hall, which is 110 volts. All dorms have wireless Internet coverage.

Personal property insurance and AUB liability
AUB cannot assume responsibility for personal property kept in a student’s room. We strongly recommend private insurance coverage against risks such as fire or theft.

Keys
Room keys in the dorms are given to students during the period of their stay. Responsibility for these keys during this period is solely the student’s. The student must return all keys, in person, once the term of his/her stay has ended.

A fine of LL60,000 will be charged in case of loss or failure to return keys upon check out. The Office of Student Affairs must authorize duplication of dorm keys. Unauthorized duplication of any university key is strictly forbidden and will result in disciplinary action at the discretion of the Dean of Student Affairs.

Curfew policy
Please check our Curfew Waiver Form for information on curfew policy, hours and waiver.
Residence Hall Application for New Residents

Fall 2008–09

Office of Students Affairs
West Hall, Ground Floor, Room 111
AUB ID No.: _____________________________________________________________

- Please print clearly
- Please spell your name exactly as it appears on your official AUB records
- Please provide all 9 digits of your AUB ID Number

Personal information

Name: ___________________ | ______________________ | ____________________
| Last name | First name | Middle/Father’s Name |

1st Nationality: _______________________ 2nd Nationality: _______________________

Date of birth (d/m/y): ______ | ______ | ______

Gender: □ Male  □ Female

Telephone: _____________________________ | ________________________________
| home | mobile |

Email: ___________________________________________________________________

Permanent home address: _________________________________________________
_________________________________________________________________________
_________________________________________________________________________

Contact information, for emergency circumstances

Name (parent or guardian): ________________________________________________

Relationship to student: __________________________________________________

Telephone: _____________________________ | ________________________________
| home | mobile |

Fax No. (if any): __________________ Email: ________________________________

Home address: __________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

Academic Information

Faculty: ______________________

Major: ______________________

Class (as of fall 2008–09)

□ UPP
□ Freshman
□ Sophomore
□ Junior
□ Senior
□ Graduate

Class (as of fall 2008–09)
For schools like FEA:

□ 1st year
□ 2nd year
□ 3rd year
□ 4th year
Preferences

Completion of this section will help the attempt to match your needs, but we may not be able to accommodate all your preferences. We do not guarantee room choice or roommate preferences under any circumstances.

Please rank in order of preference 1, 2, 3, etc and note that room assignment for new students depends on availability.

<table>
<thead>
<tr>
<th>Women's Dorm</th>
<th>Men's Dorm</th>
<th>Room Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>◯ Boustani</td>
<td>◯ Kerr</td>
<td>◯ Private**</td>
</tr>
<tr>
<td>◯ Jewett</td>
<td>◯ Penrose</td>
<td>◯ Double</td>
</tr>
<tr>
<td>◯ Murex</td>
<td></td>
<td>◯ Semi-private</td>
</tr>
<tr>
<td>◯ New Women’s*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>◯ Kerr II-Graduates</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* All rooms in New Women’s are semi private. Priority is for current residents.
** Private rooms are subject to availability of places. Priority is for current seniors or equivalent and juniors.

Preferred roommate: __________________________________________

For further consideration, your name must appear on the application of the preferred roommate.

Relevant information

Completing this section will help us in the roommate matching process.

☐ I smoke*              ☐ I do not smoke

☐ I prefer a non-smoking roommate * ☐ I do not mind to stay with a smoking roommate*

☐ I usually stay up till late ☐ I go to sleep before 12:00 midnight

☐ I usually wake up early before ________ am ☐ I listen to music while studying

☐ I prefer a quiet study environment ☐ I prefer to study outside my room

☐ I prefer to study in my room

☐ Hobbies and interests: __________________________________________

please specify

Type of student

You can check more than one
☐ New student
☐ Exchange/visiting
☐ Old returning student
☐ International student
☐ Old returning resident

Do you have a disability or allergy that we should be aware of? Please specify:

________________________________________

________________________________________

________________________________________

________________________________________

Expected graduation date: ________________

Official Use Only

Date Received: ____________________________

Assignment

Dorm: __________________________

Room: __________________________
Declaration

Please sign and date this declaration. Unsigned applications cannot be processed.

I wish to apply for on-campus housing. I have read the above information and agree to abide by AUB’s rules and regulations governing residence on campus.

I understand that with this application, I must pay LL150,000 deposit fee and I will lose that fee if I do not cancel by August 29, 2008.

All information I have provided in this application is accurate and true to the best of my knowledge. I understand that any false information may lead to action by the Dean of Student Affairs, which may include expulsion from the dorms without refund.

Signature: ____________________________ Date: ____________________________

Office of Student Affairs
American University of Beirut
PO Box 11-0236
Riad El Solh 1107 2020
Beirut, Lebanon
Tel: +961 1 374 374, ext. 3170/71
Fax: +961 1 744 478
Email: stdhouse@aub.edu.lb
Waiver of Residence Requirement for Freshman Students

Freshman students are required to live on-campus in the university student residence halls in their first year. This requirement may be waived upon a written request by the parent or legal guardian.

If you are a freshman student and wish to live off-campus, this form must be completed and signed by your parent or legal guardian then submitted at the Office of Student Affairs.

I, ___________________________________________________________________, the undersigned, in my capacity as ___________________________________________________________________, (parent/legal guardian only), do hereby declare that Miss / Mr. ___________________________________________________________________, AUB ID No. __________ has my permission to live off campus during the freshman year.

Reason for staying off-campus
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Telephone: ___________________________________________ | ___________________________________________
Home  Mobile

Fax (if any): ____________________________________________ Email:  ________________________________________

Mailing address: _______________________________________________________________________________________
____________________________________________________________________________________________________

Signature: ____________________________ Date: ____________________________

Coordinator of Student Housing
American University of Beirut
Office of Student Affairs
PO Box 11-0236
Riad El Solh 1107 2020
Tel: +961 1 374374, ext. 3170
Fax: +961 1 744 478
Email: ns25@aub.edu.lb
Curfew Waiver Form: Special to Dorms Residents

Office of Student Affairs, Student Housing
West Hall, Ground Floor, Room 111

I, ___________________________________________________, the undersigned, (parent or legal guardian only) do hereby declare that Miss/Mr. __________________________________________________________________________

AUB ID No. _______________________________ Dorm and Room ___________________________________________

has my permission to be exempted from the curfew policy. I understand that by granting this permission, I give the aforementioned student the freedom to get in and out of the dorm without any restriction whatsoever and throughout the period of his/her stay.

Telephone: ___________________________________________ | _______________________________________________

Home    Mobile

Fax (if any): ____________________________________________ Email:  ________________________________________

Mailing address: _______________________________________________________________________________________

Relationship to student:  ________________________________________________________________________________

Signature: ___________________________________________ Date: ____________________________

This form must be signed by the parent or legal guardian, in person, and submitted at the Office of Student Affairs in West Hall, Room 112. In the event the parent or guardian is residing outside Lebanon, then he/she should send this form by mail or fax. Please check the contact address below.

Important Facts

• Curfew hours are as follows:
  • Sundays–Thursdays: 12:00 Midnight –7:00 am
  • Fridays: 1:00 am–7:00 am/Saturdays: 2:30 am–7:00 am

• Students who are found to have falsified this document will be subject to severe disciplinary measures at the discretion of the Dean of Student Affairs. AUB reserves to itself the right to verify the signature found on the said document by whatever means possible. Only Graduate and Medicine students are entitled to sign this form without being required to obtain the counter-signature of parent or legal guardian.

• This form shall remain valid throughout the resident’s stay at the dorm unless the parent or guardian concerned notifies, in writing, the Office of Student Affairs of his/her decision to cancel this waiver.

• If you have any inquiries, please contact us on the below mentioned address.

Coordinator of Student Housing
American University of Beirut
Office of Student Affairs
PO Box 11-0236
Riad el Solh 1107 2020
Tel: +961 1 374374, ext. 3170
Fax: +961 1 744 478
Email: ns25@aub.edu.lb
وثيقة إعفاء من الحظر

مكتب شؤون الطلاب
مني الوست هول
الطابق الأرضي غرفة 111

إذاً الموقع أدناه (أحد الأبوين أو الوصي الشرعي فقط)

اِكرَح بإعطاء الطالب/ة حامل/ة الرقم الجامعي

في سكن الطلاب/تين

الحظاء من الحظر المعروض فيما يتعلق

بضرورة تواجد الطلاب داخل السكن الجامعي ضمن الساعات المبينة أدناه. أنا أعي تماماً أنّ بإعطائي هذا الإذن، فإنّي أمنح الطالب الآن

الذكرة الحرية الكاملة في الدخول والخروج ساعة دون قيد أو شرط وذلك طوال فترة إقامته في السكن الجامعي.

مكتب شؤون الطلاب

__________________________

العنوان البريدي:

__________________________

إذا تمّ إلغاء هذا الطلب ورسّب إلى مكتب شؤون الطلاب في مني الوست هول فقط من قبل أحد الوالدين أو الوصي الشرعي، في حال تواجد

يرجى العلم:

• ساعات الحظر هي كالالتالي:
• الأحد – الخميس: منتصف الليل – 7 صباحاً
• الجمعة: 7 صباحاً – 1 صباحاً / السبت: 7 صباحاً – 2، 3 صباحاً

في حال تبين أن التوقيع على هذه الوثيقة قد تمّ من قبل أشخاص غير الولددين أو الوصي الشرعي، يتعرض الطالب المخالف لإجراءات

تأطيرية بناءً على توصيات عميد شؤون الطلاب. كما يحتفظ مكتب شؤون الطلاب بحقّ بالتأكد من صحة التوقيع. فقط طالب الماجستير

والطالب يمكنه توقيع هذا الطلب بأنفسهم.

تبقى هذه الوثيقة صالحة طوال الفترة التي يكون فيها الطالب المعني مسجلاً في سكن الطلاب إلاّ إذا تم الإلغاء من قبل الوالدين أو الوصي

الشرعي بموجب كتاب خطيًّ موجه إلى مكتب شؤون الطلاب على العنوان المبين أدناه.

__________________________

التوقيع للطالب:

__________________________

التوقيع للوقاين:

__________________________

التاريخ:

__________________________

العنوان البريدي:

__________________________

________________________________________

تاريخ

Coordinator of Student Housing
American University of Beirut
Office of Student Affairs
PO Box 11-0236
Riad el Solh 1107 2020
Tel: +961 1 374374, ext. 3170
Fax: +961 1 744 478
Email: ns25@aub.edu.lb
Health Insurance Plan Guidelines for AUB Students

Summer 2008 and Fall 2008–09
Human Resources Department
Benefits Coordinator’s Office
College Hall, 3rd floor
May 16, 2008

Health insurance coverage is mandatory for all students (2nd class) during their years of study at AUB, therefore, a student, new or continuing, registered for at least 6 credits, is automatically enrolled under the Health Insurance Plan of AUB (HIP).

Students, who register at the University at the beginning of the first semester, will be covered by HIP for twelve months, provided they do not graduate, withdraw or be suspended and/or dropped from the University. The HIP fee charged per semester is LL191,600.

A student may be exempted from enrolling in HIP if he/she presents proof that he/she is covered by another health insurance plan. In that respect, he/she may proceed signing an HIP waiver at the Benefits Coordinator’s Office, College Hall, 3rd floor or at another location that will be announced in due time.

Students may sign HIP waivers as per the following timetable:

<table>
<thead>
<tr>
<th>Summer 2008</th>
<th>Fall 2008–09</th>
</tr>
</thead>
<tbody>
<tr>
<td>New students except Medicine</td>
<td>All students except Medicine</td>
</tr>
<tr>
<td>June 10–July 4, 2008</td>
<td>July 22–August 8, 2008</td>
</tr>
<tr>
<td>Currently registered undergraduate students and new undergraduate students</td>
<td>September 16–October 10, 2008</td>
</tr>
<tr>
<td>All students</td>
<td></td>
</tr>
</tbody>
</table>

Graduate students registered for a thesis are eligible to continue HIP coverage for a period of two consecutive years only. Eligible students may proceed to enroll in HIP for summer 2008 or fall 2008–09 during the dates specified in the previous time table at the Benefits Coordinator’s Office, College Hall, 3rd floor.

Students are expected to be aware of the following HIP regulations. Kindly read them carefully.

The Health Insurance Plan (HIP) provides medical and hospital care to AUB community namely staff, students, retirees, etc. HIP members are required to use exclusively the University Health Service and AUB Hospital for their medical and hospital care. Coverage will be in accordance with the plan’s rules and regulations.

1. HIP coverage for all students is limited to medical and hospital care inside Lebanon only; under no condition will coverage be for medical services outside the country. A hospitalised member is entitled to professional services within AUB Medical Center facilities.

2. An HIP member is entitled to general or specialist physician consultation services if referred by the University Health Service. In case of emergency patients are treated and referred for required care through AUBMC Emergency Services. In both cases, HIP members are covered for medical care needed within the resources of AUB Medical Center and in accordance with HIP policies and procedures.

3. Chronic or other conditions or diseases or injuries which existed on or before the date of original enrollment or re-enrollment will not be covered unless the member has completed five consecutive years of membership.

4. Student means a person registered for a course of study at the University, whether working or not for a degree, on full-time or part-time basis, provided the student is registered for at least 6 credit hours. Auditors are not considered students.
5. Students who register at the beginning of the summer term will be covered for that term only. Coverage during summer will be limited only to the use by students of the AUBMC facilities provided they do not withdraw, are suspended or dropped from the University. Under no condition will coverage be allowed for medical care outside AUBMC (inpatient, outpatient services).

6. Eligible married students may enrol their spouse and children who are living with them in Lebanon at the regular 2nd class rates as long as they remain registered at the University and are members of the HIP. The premiums for the spouse and the children must be paid in full and in advance.

7. Members are entitled to the following hospital stay:
   - 30 days hospital care during the first calendar year of enrolment in the plan
   - 45 days during the second year
   - 60 days during the third year
   - 90 days thereafter for uninterrupted or consecutive years of enrollment

8. A student will be covered by HIP from the beginning of a specific term provided he/she registers and pays his/her fees up to 48 hours from the time he/she graduates or leaves the University for other reasons.

It is to be noted that the wording of this memorandum is meant to be a mere summary of the provisions of the plan and is provided solely as a matter of convenience and in no way defines or limits the scope or intent of any provision of the plan.

The Benefits Coordinator’s Office wishes you healthy and successful years of study at the American University of Beirut. The Office will be available to answer your queries and attend to your requests.

---

**Benefits Coordinator’s Office**  
**Human Resources Department**  
**American University of Beirut**  
PO Box 11-0236  
Riad El Solh 1107 2020  
Beirut, Lebanon  
Tel: +961 1 350000 or 374374 or 374444, ext. 2310/29  
Fax: +961 1 744475  
Email: benefits@aub.edu.lb
Student Health Insurance Plan Waiver

Human Resources Department
Benefits Coordinator’s Office
College Hall, 3rd Floor

I, the undersigned (Name) __________________________ AUB ID No. _____________, hereby declare that

I have been informed about the Health Insurance Plan and that its regulations have been explained to me.

I also hereby request exemption from enrolling in the Health Insurance Plan. Further, I fully understand that I will be responsible for payment in full of all medical care expenses incurred at the American University Medical Center or any other health care provider.

Signature: _____________________________________________________________________________

Faculty/major: __________________________________________________________________________

Phone/Email/PO Box: _____________________________________________________________________

Date: __________________________________________________________________________________

Notes:

1. Copy of the health insurance policy is required with this waiver form.

2. Copy of the renewal of the health insurance policy is required if it expires during academic year 2008–09.

For office use only

Witness: _______________________________________________________________________________
Student Immunization Requirements

Fall 2008–09
University Health Services

**Tetanus and Diphtheria Vaccine (Td)**
All students are required to document that they have received the primary series and a booster of adult Tetanus and Diphtheria (Td) vaccine within ten years of the beginning of the academic year.

**Measles, Mumps, Rubella**
Immunity to these diseases must be documented by immunization with the live vaccine or by serological (antibody) titers.

**Varicella**
All students must certify that they have had varicella or they must have a varicella titer determined. If the titer was undetectable, they are advised to receive two doses of varicella vaccine 4–8 weeks apart.

**Hepatitis B**
Hepatitis B vaccine is strongly recommended for all students. It is required for those entering some health care fields. It is given as a series of three vaccines.
If the student does not receive the vaccine he/she must have a Hepatitis Bs Antigen determined.

**Tuberculosis Screening**
Tuberculosis screening test is required for all entering students.
It will be provided to all students during the pre-registration period unless it has been done within the last 12 months.
Any student who is positive must provide either a detailed statement from his/her treating physician or the results of a recent chest x-ray.
Medical Record  CONFIDENTIAL

To be completed by the examining physician ______________________________  UHS Case No: ____________
For office use only

University Health Services

AUB ID No.: ________________________

Name: ___________________________ | ___________________________ | ___________________________
    Family                  First                  Father’s (Middle) Name

Birth date (d/m/y): ______ | ______ | ______  Nationality: ___________________________  Gender: ☐ Male ☐ Female

Marital status: ___________________________  Major: ___________________________________________

E-mail: ___________________________  Telephone: ___________________________

Home Address: ___________________________________________________________________________________

To the examining physician: Thank you for completing this form which will enable the Health Services to offer better care to prospective students. If you need more space please use a separate form.

<table>
<thead>
<tr>
<th>Personal History</th>
<th>Family History</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please check if you have had any of the following:</td>
<td>(If deceased, please list age and cause of death)</td>
</tr>
<tr>
<td>1. Eye problems</td>
<td>23. Congenital/birth defects</td>
</tr>
<tr>
<td>2. Ear/nose/sinus problems</td>
<td>24. Cancer or malignancy</td>
</tr>
<tr>
<td>3. Throat/tonsil infections</td>
<td>25. Non-malignant tumor</td>
</tr>
<tr>
<td>4. Infectious Mononucleosis</td>
<td>26. Thyroid disorder</td>
</tr>
<tr>
<td>6. Bronchitis</td>
<td>28. Epilepsy or seizures</td>
</tr>
<tr>
<td>7. Tuberculosis</td>
<td>29. Headaches</td>
</tr>
<tr>
<td>8. Other lung infections</td>
<td>30. Depression</td>
</tr>
<tr>
<td>9. Rheumatic fever</td>
<td>31. Anxiety</td>
</tr>
<tr>
<td>10. Heart murmur</td>
<td>32. Skin problems</td>
</tr>
<tr>
<td>11. Chest pain</td>
<td>33. Measles (Red/Rubeola)</td>
</tr>
<tr>
<td>12. Rapid heart beat</td>
<td>34. Measles (German/Rubella)</td>
</tr>
<tr>
<td>13. Faint during/after exercise</td>
<td>35. Mumps</td>
</tr>
<tr>
<td>14. Ulcer (Stomach/Duodenal)</td>
<td>36. Chickenpox</td>
</tr>
<tr>
<td>15. High blood pressure</td>
<td>37. Gynecological problems</td>
</tr>
<tr>
<td>16. Recurrent diarrhea</td>
<td>38. Herpes/genital infections</td>
</tr>
<tr>
<td>18. Hepatitis: Type ______</td>
<td>40. Bone or joint problems</td>
</tr>
<tr>
<td>19. Bladder or kidney infection</td>
<td>41. Sports-related injuries</td>
</tr>
<tr>
<td>20. Kidney stone</td>
<td>42. Alcohol or drug use</td>
</tr>
<tr>
<td>22. Blood clotting problems</td>
<td></td>
</tr>
</tbody>
</table>

Has any of your immediate family ever had any of the following (please state relationship):

Tuberculosis: ___________________________________________
Diabetes: ___________________________________________
Cancer: ___________________________________________
Heart disease: ___________________________________________
High blood pressure: ___________________________________________
Kidney disease: ___________________________________________
Other: ___________________________________________
Other medical conditions: ____________________________________________
__________________________________________________________________
__________________________________________________________________
Hospitalizations: _________________________________________________
__________________________________________________________________
__________________________________________________________________
Current medications: ______________________________________________
__________________________________________________________________
__________________________________________________________________
Allergies: ________________________________________________________
__________________________________________________________________
__________________________________________________________________

I hereby certify that the information contained here is complete and correct.
Student's signature ____________________________________________ Date ________________________________________________

### Physical Examination (To be completed by your family doctor)

<table>
<thead>
<tr>
<th></th>
<th>Normal</th>
<th>Abnormal</th>
<th>Comments/Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Height</strong>: ________ cms</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Weight</strong>: ________ Kg</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Blood pressure</strong>: _____ / _____</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Pulse</strong>: ______________</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Vision</strong>:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Right 20 / ______________</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Left 20 / ______________</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Corr</strong>:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Right 20 / ______________</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Left 20 / ______________</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>**Skin, body marks, scars</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>**Skeletal system, joints</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Head, neck</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Eyes</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Ear, nose, throat</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Breasts</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Lungs</strong></td>
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<td><strong>Heart</strong></td>
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<td><strong>Abdomen</strong></td>
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<td><strong>Genitalia, hernia</strong></td>
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<td><strong>Neurological</strong></td>
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# Student Immunization Record

## Required

1. **Tetanus – Diphtheria**
   - Primary series of 3 doses Date completed: ____________
   - Td booster within the past 10 years Date: ____________
   - Tdap Date: ________________________________________

2. **MMR vaccine (Measles, Mumps, Rubella)**
   - Dose 1: Date: ______________________________________
   - Dose 2: Date: ______________________________________
   - (If not vaccinated, please provide titer)
   - Measles Positive Antibody titer: Date: ____________
   - Mumps Positive Antibody titer: Date: ____________
   - Rubella Positive Antibody titer: Date: ____________

3. **Varicella (Chicken pox)**
   - History of Varicella (Chicken pox): Date: ____________
   - Vaccine: Dose 1: Date: ___________________________
   - Dose 2: Date: ___________________________
   - (If not vaccinated please confirm disease or provide titer)
   - Varicella titer Date: ___________________________
     - Positive
     - Negative

4. **Tuberculosis**
   - BCG vaccine if done: Date: ________________________
   - Last PPD (within 12 months)
     - Date placed: ___/___/____ Date read: ___/___/____
     - Result (mm induration): ______ (if no induration record as 0 mm)
   - Chest X Ray if PPD positive (please attach copy of the report)
     - Normal
     - Abnormal
   - Date read: _______________________
   - Treatment:
     - Have you been treated with anti-tubercular drugs
       - Yes
       - No
     - If Yes, type of treatment: __________________________
     - Length of treatment: ____________________________

5. **Meningoccal (Meningitis) vaccination: (those who live in residence hall/dorms)**
   - Date: ____________

## Recommended

6. **Hepatitis B**
   - Vaccination series:
     - Dose 1: Date: ____________ Dose 3: Date: ____________
     - Dose 2: Date: ____________ Booster: Date: ____________
   - If not vaccinated,
     - Hepatitis Bs Antigen: Date: ________________________
     - Anti Hepatitis Bs titer if available: ________________________

7. **Hepatitis A**
   - Date: _____________________________

8. **Pneumococcal Polysaccharide vaccine**
   - Date: _____________________________

9. **Other vaccination, specify:** ___________________________ Date: ____________

Physician’s name: ___________________________________________

Address: ____________________________________________________

Email: _______________________________________________________

Physician’s signature: _________________________________________

Date completed: _____________________________________________

Please return the completed form to the University Health Services (UHS) desk during pre-registration or to UHS-Infirmary afterwards.
This page contains no information
Family Information Form

In order for your parents to receive AUB publications and for AUB to invite your parents to events on campus and in their area of residence, we would appreciate it if you would provide us with the information below. Please make sure to mail this form in the attached envelope to the Office of Development.

Student

Student ID: ________________________________

Family name: ____________________________ First name: ________________________________

Father

Family name: ____________________________ First name: ________________________________

Middle name: _________________________________________________________________________________________

☐ Deceased

Degree: ________________________________ Year of graduation: ________________________________

College/University: __________________________________________________________________________________

Permanent address

Building, floor: __________________________ Street: __________________________________________

Postal code: ____________________________ Area: ____________________________________________

Nearest landmark: ________________________ City: ____________________________________________

State: __________________________________ Zip code: _________________________________________

Country: ______________________________________________________________________________________________

Telephone/mobile number: __________________________ Email address: ________________________________

Please check the best way to contact your father: ☐ Mail ☐ Phone ☐ Email

Employment

Company name: __________________________ Title: ____________________________________________

Company address: __________________________ Work telephone(s): ____________________________

☐ My father would not like to be contacted after I graduate from AUB
Mother

Family name: ____________________________________ First name: ________________________________

Middle name: _________________________________________________________________________________________

☐ Deceased

Degree: _________________________________________ Year of graduation: ____________________________

College/University: ____________________________________________________________________________________

Permanent address

Building, floor: __________________________________ Street: _____________________________________________

Postal code: __________________________ Area: _______________________________________________________

Nearest landmark: __________________________ City: _______________________________________________

State: __________________________________________ Zip code: __________________________________________

Country: ______________________________________________________________________________________________

Telephone/mobile number: __________________________ Email address: ______________________________________

Please check the best way to contact your father: ☐ Mail ☐ Phone ☐ Email

Employment

Company name: __________________________________ Title: _____________________________________________

Company address: __________________________ Work telephone(s): _____________________________

☐ My mother would not like to be contacted after I graduate from AUB

Other members of the family

Did any other members of your family attend AUB? If so, please list their names. (Grandparents, uncles, aunts, brothers, sisters, and cousins)

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Relationship</th>
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<tbody>
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<td>1.</td>
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