

## Application for Admission to First Year Medicine

**American University of Beirut**  
 Office of Admissions, College Hall, Beirut, Lebanon

Year applying for:

- August 2009  
 August 2010  
 August 2011

Deadline:

- January 15, 2009  
 January 15, 2010  
 January 15, 2011

Last MCAT accepted:

- January 2009  
 January 2010  
 January 2011

Paste recent colored  
 passport-size photograph.  
 Do not staple.

**All applicants are considered on the basis of their qualifications regardless of race, color, sex, disability, religion, age, national or ethnic origin.**

Detach and mail to AUB

1. Full legal name: Mr./Ms. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Last First Middle (or father's name) Suffix (Jr., Sr.)

In Arabic, if applicable: \_\_\_\_\_  
[Full name as it appears on passport or identity card]

2. Mother's full maiden name: \_\_\_\_\_  
In English

3. Married name for women applicants: \_\_\_\_\_

4. Maiden name for women applicants: \_\_\_\_\_

5. Mailing address: \_\_\_\_\_  
mandatory Building [Complete address is mandatory: PO Box alone is not sufficient]

\_\_\_\_\_  
Street PO Box (not AUB box)

\_\_\_\_\_  
Mohafazat (County) City State Zip Code Country

Telephone: \_\_\_\_\_ / \_\_\_\_\_ Fax: \_\_\_\_\_  
Home Cell

6. Permanent address: \_\_\_\_\_  
Building [Complete this item only if different from address in no. 5]

\_\_\_\_\_  
Street PO Box (not AUB box)

\_\_\_\_\_  
Mohafazat (County) City State Zip Code Country

Telephone: \_\_\_\_\_ / \_\_\_\_\_ Fax: \_\_\_\_\_  
Home Cell

7. E-mail address, if available: \_\_\_\_\_ @ \_\_\_\_\_  
Login name

8. Gender:  Male  Female

9. Date of birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (e.g., 27-JUN-1972)  
Day Month Year

10. Citizenship:  Lebanese  Other, \_\_\_\_\_  
specify

11. Country of birth: \_\_\_\_\_ Nationality: \_\_\_\_\_  
[as on Passport or ID card provided with this form]

12. Passport information, if available:

Passport no.: \_\_\_\_\_ Expiration date: \_\_\_\_\_

13. Marital status:  Single  Married  Other, \_\_\_\_\_  
specify

14. List the full name(s) of mother, father, grandparent(s) who graduated from AUB:

Full name	Relationship to you	Degree	Year of graduation
_____	/ _____	/ _____	/ _____
_____	/ _____	/ _____	/ _____
_____	/ _____	/ _____	/ _____
_____	/ _____	/ _____	/ _____

15. List the full name(s) of mother, father, grandparent(s) currently employed by AUB:

Full name	Relationship to you	Department	ID number
_____	/ _____	/ _____	/ _____
_____	/ _____	/ _____	/ _____

16. How do you expect to meet the cost of tuition and other expenses? Check all that apply:

Parents  Myself  Sponsor  Other, \_\_\_\_\_  
specify

Name and address of parents or sponsor:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

17. Will you be applying for financial aid from AUB?  Yes  No

18. Government secondary school certificate (or high school diploma) held. Please indicate type of certificate (e.g., literary, scientific).

\_\_\_\_\_/ \_\_\_\_\_  
Name and type of certificate in English Date received

\_\_\_\_\_/ \_\_\_\_\_  
Name and type of certificate in English Date received

\_\_\_\_\_  
If Advanced Level GCE, IB, or Advanced Placement, please specify subjects passed, level, and dates.

19. List all colleges/universities attended with the dates of attendance:

Name of college/university	Location (city & country)	From (Month/Year)	To (Month/Year)	Date of graduation and Degree
_____ / _____	_____ / _____	_____ / _____	_____ / _____	_____ / _____
_____ / _____	_____ / _____	_____ / _____	_____ / _____	_____ / _____
_____ / _____	_____ / _____	_____ / _____	_____ / _____	_____ / _____

20. Proficiency in languages:

	Writing			Reading			Speaking		
	Exc.	Good	Fair	Exc.	Good	Fair	Exc.	Good	Fair
a. English									
b. Arabic									
c. French									
d.									

21. Were you previously registered at AUB?

Yes

No

If yes: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Faculty Academic year ID number

22. Emergency contact, write below addresses of two persons to be contacted in case of emergency:

1. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Name Relationship Building  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Street PO Box City Country Telephone

2. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Name Relationship Building  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Street PO Box City Country Telephone

23. Do you have any physical disabilities? If yes, please describe. The information is requested only to enable the University to better serve students.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

24. List your most important non-scientific extracurricular activities and how you use your leisure time.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

25. Describe your most significant research and list any awards and accomplishments of which you are especially proud.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

