



Application for Admission to First Year Medicine

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

Year applying for:

- September 2006
- September 2007
- September 2008

Deadline:

- January 15, 2006
- January 15, 2007
- January 15, 2008

MCAT

- August 2005
- August 2006
- August 2007

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.

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.

