Application for Admission to
First Year Medicine
Instructions for Applying for Admission to First Year Medicine

• It is preferable that all items, except number 23–27 be typed. If handwritten, please use block letters.

• The applicant’s name exactly as it appears in item 1 will be used on all documents issued by the University such as degrees and transcripts of record.

• The information which is requested in Arabic (in items 1 and 3) is requested only from Arabic speaking applicants.

• The application must be completed by the applicant himself or herself and must reach the Office of Admissions by mid-January. Only applications for the first semester are accepted.

• Applicants must fill in two applications and ask their colleges or universities to send to the Office of Admissions two official copies of their college or university grades along with at least two letters of recommendation. Applicants who have studied, or are currently studying, at the American University of Beirut must obtain the required number of transcripts from the Office of the Registrar and include them in their applications.

• An application will not be forwarded to the Admissions Committee of the Faculty of Medicine for consideration if it does not include the following:
  a) A recent, passport size, colored photograph of the applicant
  b) A photocopy of the applicant’s identity card or passport
  c) An application fee of LL75,000 or its equivalent in US Dollars (the application fee is not refundable)
  d) An official transcript, and at least two letters of recommendation which must be sent directly to the Office of Admissions. The name on the transcript of record should be the same as that on the application.

• Preliminary acceptance to the faculty will be issued by mid-April and will be conditional upon completion of the BS, MS, BA, or MA degrees.

• To secure their positions, students accepted to the Faculty of Medicine will be requested to pay three thousand dollars (USD3,000) non-refundable deposit toward their registration within 30 days from the date of acceptance.

Important Notes

• Accepted students bear full responsibility for financing their education at the American University of Beirut (AUB).

• It is the responsibility of applicants to register for, and take, the Medical College Admission Test (MCAT), no later than January of the year they plan to join the Medical School. Applicants must arrange to have the MCAT center forward directly to the Office of Admissions, the MCAT scores of all the examinations taken. The MCAT may be taken twice only. If taken twice, the higher score is considered.

• AUB applicants must be in their senior year. The cumulative average of 70 credits or more at the time of application, should be equal to or higher than 75% for students from AUB (or its equivalent from other universities) and should be maintained as such till the end of the academic year.

• Applicants from graduate programs at the AUB should successfully complete all the requirements of the programs for graduation with the Master’s degree, including thesis defense, prior to the start of the academic year for the Medicine I Class. Applicants from the Faculty of Medicine Graduate Program in the basic medical sciences must, in addition to meeting all the requirements for graduation with the master’s degree, complete at least 10 graduate, non-medical, course credits.

• Recommendations, transcripts of record and all other documents submitted to complete an application for admission are the property of the AUB: applicants, whether accepted or not, may not claim them back.

• Admission is valid only for the academic year for which a student applies. If an applicant is accepted and for some reason does not register, then his or her admission is forfeited. To join the Faculty of Medicine at some other time, the student will have to reapply, present complete documents, and compete with the new applicants.
Application for Admission to First Year Medicine

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

Year applying for: Deadline: MCAT
☐ August 2011 January 15, 2011 January 2011
☐ August 2013 January 15, 2013 January 2013

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: ________________________________________________________________

3. Married name for women applicants: _______________________________________________________

4. Maiden name for women applicants: _______________________________________________________

5. Mailing address: __________________________________________________________________________
   Building
   [Complete valid home address is mandatory: PO Box alone is not sufficient]
   Street
   PO Box (not AUB box)
   __________________ / __________________ / __________________ / __________________ / __________________
   Mohafazat (County)        City                       State     Zip Code                                  Country

   Telephone (home): / / / __________________ (cell): / / / __________________
   Country code Area code Number Country code Area code Number

   Fax: / / / __________________
   Country code Area code Number

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 (home): / / / __________________ (cell): / / / __________________
   Country code Area code Number Country code Area code Number

   Fax: / / / __________________
   Country code Area code Number

7. Email address, if available: ____________________________________________________________
   Login name

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

Number: ____________________
For office use only

Detach and mail to AUB
8. Gender: □ Male  □ Female

9. Date of birth: _____ / _____ / _______ (e.g., 27-JUN-1972)

10. Nationality: □ Lebanese  □ Other, _____________________________________________

11. Country of birth: ____________________________________________
    [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

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

<table>
<thead>
<tr>
<th>Name of college/university</th>
<th>Location (city and country)</th>
<th>From (Month/Year)</th>
<th>To (Month/Year)</th>
<th>Date of graduation and Degree</th>
</tr>
</thead>
<tbody>
<tr>
<td>_________________________</td>
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</tbody>
</table>

20. Proficiency in languages:

<table>
<thead>
<tr>
<th>Writing</th>
<th>Reading</th>
<th>Speaking</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exc.</td>
<td>Good</td>
<td>Fair</td>
</tr>
<tr>
<td>Exc.</td>
<td>Good</td>
<td>Fair</td>
</tr>
<tr>
<td>Exc.</td>
<td>Good</td>
<td>Fair</td>
</tr>
</tbody>
</table>

- 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: __________________________ / ________________________ / __________________________
   Street: __________________________ / PO Box: __________________________ / City: __________________________ / Country: __________________________
   Telephone (home): _______ / _______ / ____ __________ (cell): _______ / _______ / ____ __________
   Country code: __________ / Area code: __________ / Number: __________

2. Name: __________________________ / ________________________ / __________________________
   Relationship: __________________________ / ________________________ / __________________________
   Street: __________________________ / PO Box: __________________________ / City: __________________________ / Country: __________________________
   Telephone (home): _______ / _______ / ____ __________ (cell): _______ / _______ / ____ __________
   Country code: __________ / Area code: __________ / Number: __________

23. Do you have any physical disabilities?  

☐ Yes  ☐ No

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.

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

a. Writing:
   Exc.             Good             Fair
b. Reading:
   Exc.             Good             Fair
c. Speaking:
   Exc.             Good             Fair
25. Describe your most significant research and list any awards and accomplishments of which you are especially proud.

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

26. Write a statement about any unusual factors or other information which you feel would help us in your evaluation.

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

27. Write a statement about your personal background and your reasons for selecting Medicine as your profession.

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________________________________________________________________________________________

I certify that the information provided in this application is, to the best of my knowledge, complete and accurate. I further understand that misrepresentations or material omissions made in this application render me morally and legally liable.

Date: ______________________________ Signature in English: ______________________________

Signature in Arabic: ______________________________
Statement of Policy

- The purpose of the American University of Beirut (AUB) as an institution of higher learning is to share in the education of the youth of the Middle East, in the service of its peoples, and in the advancement of knowledge.

- The University stands for high academic standards. Its degrees are recognized internationally, and in order that they may continue to be so recognized, they must be based upon satisfactory completion of the full requirements set forth in the university catalogue.

- In addition to providing sound academic instruction, the University has been dedicated since its foundation and continues to be dedicated to the cultivation of high moral and spiritual values.

- The University believes in and encourages freedom of thought and expression. It expects, however, that this freedom be enjoyed in a spirit of integrity and with a full sense of responsibility.

- The University believes that every member of the student body, the faculty, the staff, and the administration has the right to individual self-expression, and it has not taken, nor will it take, any action to infringe on the proper exercise of this right. It must insist, however, that inherent in this right is an obligation; the obligation of everyone to give his or her colleagues the same right. Each has the right of peaceful dissent, but no one has the right to prevent those who do not agree with him or her from pursuing their proper activities.

- All members of the University—faculty, administration, students, and staff—are expected to conduct themselves in accordance with the spirit of this declaration of policy, the regulations of the University, and the laws of the Republic of Lebanon whose hospitality gives the University the privilege of carrying out its educational activities within the framework of academic freedom.

Statement of Student Conduct

University students enjoy a position of privilege and responsibility and are held in high esteem by the community. Students have challenging and creative roles to fulfill, and this implies certain obligations, which bear upon their conduct in the University and in the community at large.

It is the policy of the American University of Beirut to maintain a minimum of regulations that are necessary for governing student conduct and for the orderly functioning of the institution. These regulations are issued from time to time by the dean of students and by other university officers. In all other matters the AUB students are expected to exercise their freedom with dignity and responsibility, but in no case should their actions infringe on the rights of others or disrupt the normal functioning of the University.

Infraction of specific regulations or of norms of conduct expected of university students may be the cause for disciplinary action.
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Beirut, Lebanon

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