Instructions for Applying for Admission to First Year Medicine

• It is preferable that all items, except number 24–28 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.

• Applicants must fill in the application and ask their colleges or universities to send to the Office of Admissions an official copy of their transcripts directly, and at least two letters of recommendation. Applicants who have studied, or are currently studying, at the American University of Beirut must obtain the required transcript from the Office of the Registrar and include it in their application.

• 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) A non refundable application fee of LL120,000 or its equivalent in US Dollars
  d) An official transcript (The name on the transcript of record should be the same as that on the application)
  e) Two letters of recommendation which must be sent directly to the Office of Admissions

• Preliminary acceptance to the Faculty of Medicine will be issued by mid March 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 all their scores directly to the Office of Admissions. (The MCAT may be taken twice only. If taken twice, the higher score is considered.)

• AUB undergraduate 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% (or its equivalent from other universities) and should be maintained as such till the end of the academic year.

• Applicants from graduate programs at 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 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 later 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 2017 January 15, 2017 January 2017
☐ August 2018 January 15, 2018 January 2018

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: ________________________________________________________________________________________

2. Mother’s full maiden name: ______________________________________________________________
   In English

3. Married name for women applicants: _______________________________________________________

4. Maiden name for women applicants: _______________________________________________________

5. Mailing address: ______________________________________________________________________
   [Complete valid home address is mandatory: PO Box alone is not sufficient]
   Building
   Street
   County (Mohafazat)            City                           State       Zip Code                                    Country
   Telephone (home): _______ / _______ / _______________ (cell): _______ / _______ / _______
   Fax: _______ / _______ / _______________

6. Permanent address: ______________________________________________________________________
   [Complete this item only if different from address in no. 5]
   Building
   Street
   County (Mohafazat)            City                           State       Zip Code                                    Country
   Telephone (home): _______ / _______ / _______________ (cell): _______ / _______ / _______
   Fax: _______ / _______ / _______________

7. Email address, Application status and admission decision are notified by email, it is very important to clearly write email address(es) of applicant and/or parent:
   ___________________________________________________________ @ __________________________________________________

Detach and mail to AUB

Number: ___________________
For office use only

Paste recent colored passport-size photograph. Do not staple.
8. Gender:   ☐ Male   ☐ Female

9. Date of birth: _____ / _____ / __________ (e.g., 27-JUN-1995)
   Day                  Month             Year

10. Nationality:   ☐ Lebanese   ☐ Other, ___________________________________________
                 specify

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. if you are a U.S. citizen or permanent resident, please provide your Social Security Number SSN:

    ________________________________________________________________

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

19. 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.*
20. 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>
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</tr>
</tbody>
</table>

21. 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>a. English</td>
<td></td>
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<tr>
<td>b. Arabic</td>
<td></td>
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<tr>
<td>c. French</td>
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<td>d.</td>
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</table>

22. Were you previously registered at AUB?  [ ] Yes  [ ] No

If yes: __________________________ / ________________________ / __________________________
Faculty                                 Academic year                                         ID number

23. 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 (home): __________ / __________ / __________ (cell): __________ / __________ / __________
Country code       Area code             Number                                                              Country code       Area code             Number

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

24. 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.
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

25. List your most important non-scientific extracurricular activities and how you use your leisure time.
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
26. Describe your most significant research and list any awards and accomplishments of which you are especially proud.

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

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

________________________________________________________________________________________
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28. 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 American University of Beirut (AUB) is an institution of higher learning dedicated to the education of the youth of the Middle East, the service of its peoples, and the advancement of knowledge.

• AUB has 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.

• AUB is dedicated to cultivating high moral and ethical values.

• AUB encourages freedom of thought and expression to be shared respectfully and responsibly.

• AUB believes that every member of the student body, the faculty, the staff and the administration has the right to individual self-expression, and will not take any action to infringe on the proper exercise of this right. Inherent in this right is the obligation to show respect and tolerance for peaceful dissent and the demonstration of opposing points of view.

• All members of AUB—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

Students at AUB enjoy a position of privilege and responsibility and are held in high esteem by the community. They 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 AUB 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 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 norms of conduct expected of university students may be the cause for disciplinary action.