Study Abroad Form for students who wish to take courses at LAU 
in accordance with LAU/ AUB Agreement

Students admitted to LAU in accordance with the above agreement have to spend two regular 
semesters (a minimum of 24 credits) before being considered for readmission at AUB.

For this purpose you are urged to read carefully and to follow the procedures below:

1) Discuss your plans with your AUB academic adviser.
2) Get LAU course offerings for that particular semester.
3) Fill this form specifying the courses that you wish to take at LAU.
4) You may register for any available course(s) at LAU that may fit your qualifications even 
   though it has no equivalence at AUB. The course(s) will be part of the minimum 24 credits 
   needed for readmission.
5) Only courses that have prior approval from concerned faculty at AUB will be considered by 
   the respective faculty committee for equivalence.
6) Get the application signed by your academic adviser before getting it signed by the Dean of 
   your Faculty.
7) Only credits are transferable while grades are not.
8) You are advised not to repeat courses that you have failed and which are required for your 
   major at AUB, since the grades earned at LAU will not be computed in your average at AUB.
9) For readmission to AUB, you must submit the LAU official transcript to the Dean’s Office 
   along with the reactivation form.
Please type or write legibly.

Full Legal Name: __________________________________________________________________________

Last    First    Father /Middle Name

AUB ID Number: __________________________

Current Phone: __________________________ Current Mobile: _________________________________

Current E-mail: __________________________

Study Abroad Semester: Fall / Spring ----- Academic Year: - - / - - .

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Course 1:

Semester________________________

Course Number____________________

Course Title_______________________________________________

Course Description/Summary with credit hours (attach copy of course description and/or course
syllabi).

Equivalent AUB Course Title and Number________________________________________

Name of Chairperson (AUB): __________________________

Signature________________________________________Date___________________

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Course 2:

Semester________________________

Course Number____________________

Course Title_______________________________________________

Course Description/Summary with credit hours (attach copy of course description and/or course
syllabi).

Equivalent AUB Course Title and Number________________________________________

Name of Chairperson (AUB): __________________________

Signature________________________________________Date___________________

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Course 3:

Semester_________________________

Course Number______________________

Course Title_______________________________________________

Course Description/Summary with credit hours (attach copy of course description and/or course syllabi).

Equivalent AUB Course Title and Number______________________________

Name of Chairperson (AUB):________________________________________

Signature________________________________________Date___________________

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Course 4:

Semester_________________________

Course Number______________________

Course Title_______________________________________________

Course Description/Summary with credit hours (attach copy of course description and/or course syllabi).

Equivalent AUB Course Title and Number______________________________

Name of Chairperson (AUB):________________________________________

Signature________________________________________Date___________________

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Course 5:

Semester_________________________

Course Number______________________

Course Title_______________________________________________

Course Description/Summary with credit hours (attach copy of course description and/or course syllabi).

Equivalent AUB Course Title and Number______________________________

Name of Chairperson (AUB):________________________________________

Signature________________________________________Date___________________

3/4
Course 6:
Semester_________________________
Course Number______________________
Course Title_______________________________________________
Course Description/Summary with credit hours (attach copy of course description and/or course syllabi).
Equivalent AUB Course Title and Number_________________________________
Name of Chairperson (AUB):______________________________
Signature_______________________________Date_____________________
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Academic Adviser’s Signature:___________________________Date:__________________
To be filled by the Dean’s Office
Minimum Credit Load Per Semester:____________________
Maximum Credit Load Per Semester:____________________
Approval of the Dean of Your Faculty:
Signature:___________________________Date:__________________