



Paste recent colored passport-size photograph

Application for Visiting Medical Students

Faculty of Medicine, Office of the Dean,
 American University of Beirut,
 P.O. Box: 11-0236, Riad El-Solh, Beirut 1107 2020,
 LEBANON
 Tel: 961 1 350000, 340460 ext: 4702
 Fax: 961 1 744 489
 E-mail: mb87@aub.edu.lb

This application should be completed and submitted with an official transcript of record, L.L. 75,000 (US\$ 50) non-refundable application fee and a passport size photograph to the address mentioned on page 2. The application should be submitted before minimum 3 months prior the clerkship period.

Part I (to be completed by the visiting student)

CLERKSHIP CHOICE (In case of Internal Medicine please indicate subspecialty)

First choice		Date	
Second choice		Date	

PERSONAL INFORMATION

1. **Name** (print full name in accordance with identity card or passport)

In English Last First Middle

In Arabic Last First Middle (from Arabic speaking applicants only)

2. **Parent Medical School** _____ 3. **Gender** Female Male

4. **Class** _____ 5. **Expected date of graduation** _____ 6. **Citizenship** _____

7. **Current mailing address** (the address you provide under this item will be used to communicate to you the status of your application)

Bldg. Street City Country

Cell phone Fax e-mail

EDUCATION

8. **List all Clerkships completed or currently in progress** (For each clerkship listed below, indicate the period spent or you expect to spend before joining the clerkship)

Clerkship	No. of weeks	University	Location	Date
Medicine				
Surgery				
Pediatrics				
Obstetrics & Gynecology				
Psychiatry				

Student's Signature _____

Part II (to be completed by the Dean of the visiting student)

Ms./Mr. _____ is a registered full time student in good standing at _____. The student is presently in her/his _____ year of a _____ year program studying for the M.D. degree. The student has the permission to take the requested clerkship during the periods listed. This student will _____ will not _____ pay tuition at our Faculty during the period of clerkship. The personal health coverage is _____ is not _____ in effect while the student is away from our Faculty. Malpractice insurance covers _____ does not cover _____ the student away from our faculty. Academic credits will _____ will not _____ be awarded upon receipt of a passing grade. An evaluation of the student's performance will _____ will not _____ be required (if a special form of evaluation is required please enclose one).

Name _____ Title _____ Signature _____ Date _____

Please Put the School Seal/Stamp

Note to the Applicants

1. Requirements needed to process the application:
 - i- Completed application
 - ii- Official transcripts
 - iii- Application processing Fees Non-refundable (50USD)
 - iv- 2 recommendation letters, CV, Personal Statement (for Emergency Medicine clerkship ONLY)
2. Visiting students can participate in medical programs that are in progress. Special programs cannot be devised to suit special requirements by the student or their sponsors. Participation in clerkship educational and training activity should not impose any liability on the Faculty of Medicine.
3. Application process: Available clerkships are assigned on first come first served basis. Application will not be processed until completed form is received including applicant's transcript of record and L.L. 75,000 non-refundable processing fee. Upon acceptance into a clerkship rotation, a clerkship fee of L.L. 75,000 (US\$ 50) will be collected.
4. Tuition fee: The Faculty of Medicine does not impose a tuition fee for the clerkship of visiting students if the duration of stay is 8 weeks or less. Students who wish to spend more than 8 weeks will be subject to payment of tuition fees equivalent to US\$ 3,000 for each additional 4 weeks.
5. Visiting students, like the Faculty student, must wear white gowns on the floors. Visiting students should provide their own gowns.
6. In case of acceptance, lodging and boarding will be at your own expense. You may be accommodated in the University student housing facility (priority goes to AUB students). The daily fee for the rooms in the students' residence halls can be viewed by following this link under Guest Policy (2): <http://www.aub.edu.lb/sao/housing/Documents/Guest%20policy.pdf> For those students who want to use the University Housing Facility, should secure a medical insurance coverage as an essential requirement for any period exceeding one week. If you plan to use the University student housing facility, you are urged to notify the Office of Student Affairs (Attn: Ms. Nisrine Fattouh e-mail: nf07@aub.edu.lb) at least two weeks prior to your arrival in Beirut. Food may be purchased at the Medical Center cafeteria.
7. Boarding: Food can be purchased at the Medical Center cafeteria.
8. Application material should be sent to:

American University of Beirut,
Faculty of Medicine, Office of the Dean,
Mohammad Baytam
Assistant for Medical Student Affairs
P.O. Box: 11-0236, Riad El-Solh, Beirut 1107 2020, LEBANON
Fax: 961 1 744 489
e-mail: mb87@aub.edu.lb
8. Questions regarding the application process:

Mahmoud H. Harb
Medical Education Unit Coordinator
e-mail: mh05@aub.edu.lb