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## Application for Visiting Students for an Elective Rotation in the Clinical Psychology Training Program

Faculty of Medicine, Department of Psychiatry,

American University of Beirut,

P.O. Box: 11-0236, Riad El-Solh, Beirut 1107 2020,

LEBANON

Tel: 961 1 350000, 340460 ext: 5664

E-mail: [ns54@aub.edu.lb](mailto:ns54@aub.edu.lb)

Part I (to be completed by the visiting student)

Clinical Psychology Rotation (1month)	Date : (DD/MM/YYYY)	
	From:	To:

### PERSONAL INFORMATION

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

In English	Last	First	Middle
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In Arabic	Last	First	Middle
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4. Gender                      Female                       Male                       Other

5. Citizenship \_\_\_\_\_

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

Bldg.	Street	City	Country
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Cell phone	e-mail
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**7. List of all education completed or currently in progress (Ba-Ma/Ms and above)**

Education	University	Year Started	Year Completed/Expected

**8. Please state the reason behind your enrollment in the training:**

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9. The personal health coverage is \_\_\_ is not \_\_\_ in effect while the student is away from the university.

Malpractice insurance covers \_\_\_ does not cover \_\_\_ the student away from the university.

**Student's Signature** \_\_\_\_\_

**Part II (to be completed by the chair 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 \_\_\_\_\_ degree in \_\_\_\_\_ Psychology (specify field)

The student has the permission to take the requested elective during the periods listed.

This student will \_\_\_ will not\_\_\_ pay tuition at our Faculty during the period of elective.

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. Visiting students can participate in the Clinical Psychology training program activities. Special programs cannot be devised to suit special requirements by the student or their sponsors. Participation in elective educational and training activity should not impose any liability on the Faculty of Medicine, Department of Psychiatry .

2. Application process: Available electives are assigned on first-come first-served basis.

Application will be processed when completed form is received including all required documents and \$50 non-refundable processing fee to be paid upon acceptance

Tuition fee: The Faculty of Medicine does not impose a tuition fee for the elective clerkship of visiting students if the duration of stay is 4 weeks.

3. Visiting students, must wear proper clothes that are not revealing and that are suitable for the elective.

4. In case of acceptance, lodging, boarding and health insurance will be at your own expense.

5. Application material should be sent to:

Ms. Nibal Safah, [ns54@aub.edu.lb](mailto:ns54@aub.edu.lb)

Residency Program Coordinator

Department of Psychiatry

American University of Beirut Medical Center (AUBMC)

ACC building, 4<sup>th</sup> floor

Tel: 01350000-ext: 5664

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