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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 ext: 5664

E-mail: 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
In Arabic	Last	First	Middle

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:

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 merit and on availability. Application will be processed when completed form is received including all required documents and L.L. 390,000 non-refundable 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
Residency Program Coordinator
Department of Psychiatry
American University of Beirut Medical Center (AUBMC)
P.O. Box: 11-0236, Riad El-Solh, Beirut 1107 2020, LEBANON
ACC Bldg, 4th floor
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