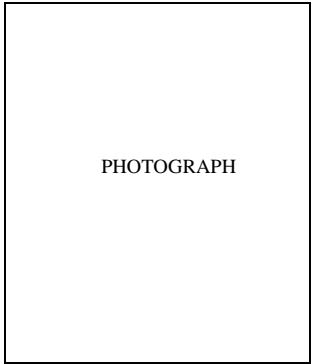




AMERICAN UNIVERSITY OF BEIRUT
Curriculum Vitae for Academic Appointment



Date :

PERSONAL DATA

I. VITAL STATISTICS

1. Full Name :
First Middle Last

2. Date of Birth :
Day Month Year

3. Nationality :

A. Any Other Nationality ?

B. Are you a U.S. Green Card Holder (Resident Alien) ?

U.S. Social Security Number :

4. Current Address :

Email: Tel:

5. * Home Address :

..... Tel:

6. Marital Status :

7. Children (Indicate Below: Names, Day, Month and Year of Birth) :

.....

8. Passport No. : Place of Issue :

Date of Issue : Date of Expiration :

9. Identity Card No. for Lebanese Citizens :

Please attach photocopies of documents 8 and 9 above

* As per "Home" definition in the "Policies on Benefits and Allowances for Academic Personnel"

II. SUPPLEMENTARY DATA

- 1. Place of Birth :
- 2. Father’s Name and Nationality :
- 3. Mother’s Name and Nationality :
- 4. Spouse’s Name : (if wife, Maiden Name)
- Spouse’s Birthdate : Birthplace :
- Nationality :

III. HEALTH (Certificate of good health required prior to appointment)

- 1. Physical Fitness :
- 2. Height : Weight :
- 3. Serious Illness : (If any – list and describe effect on present health)
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-
- 4. Physical Disabilities :
- 5. Have you ever been refused life insurance? (if so, state reason)
-

ACADEMIC RECORD Required to submit your official credentials as well as certified copy (ies) of your highest professional degree (s) .

I. HIGHER EDUCATION AND PROFESSIONAL SPECIALIZATION *

Name of Institution	Field of Specialization	Degree	Date Received
1.
2.
3.
4.

* Please attach photocopies of documents.

II. PROFESSIONAL EXPERIENCE (Teaching and other)

Name and Address of organization	Position	Date	Salary
1.
2.
3.
4.

III. RESEARCH (Attach additional sheets if necessary)

Research Interests and Plans :
.....
.....

IV. PUBLICATIONS (Include full titles and names of co-authors. Attach additional sheets if necessary, or a mimeographed publication list)

1. Books :
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2. Articles in Professional Journals :
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3. Other Scholarly Papers :

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V. ACADEMIC HONORS :

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.....
.....

VI. MEMBERSHIP IN PROFESSIONAL SOCIETIES :

.....
.....
.....

VII. REFERENCES :

Family Name	First Name	Address
.....
.....
.....

VIII. Name, Address and Telephone Number of Person to be contacted in case of emergency :

.....

IX. Please add any information that you deem useful for the record :

.....

X. If appointed I agree to abide by the Rules, Regulations and Bylaws of the University as they may be amended from time to time and the applicable laws of Lebanon.

Signature :