

APPLICATION FOR ADMISSION TO THE FACULTY OF MEDICINE AND MEDICAL SCIENCES

PLEASE READ THIS PAGE BEFORE FILLING OUT THE APPLICATION

The Admissions Committee will compile a dossier of documents that will constitute an application to UOB - Faculty of Medicine. To complete the dossier, you must submit the following to the Office of Admissions and Registration at Balamand - Al Kurah campus or to the Faculty office at St. George Health Complex - Achrafieh campus.

- Three (3) recent passport-size photographs.
- A photocopy of your Identity Card or Passport and proof of second nationality if applicable.
- A certified copy of your Baccalaureate Certificate, or its equivalent.
- A certified copy of your Diploma and transcript of records. A copy of your courses description (if available).
- Three recommendation letters (Forms attached).
- An application Fee of 145,000 L.L. (97 USD).
- A copy of the Medical College Admission Test (MCAT) Score.
- Evidence of English language proficiency e.g. - TOEFL or IELTS or SAT for Applicants from non-English speaking universities.

The application dossier must be submitted in full before the published deadline dates. Incomplete or incorrect applications cannot be considered by the Committee. All documents submitted to complete the application for admission are the property of the University and may not be reclaimed by the applicant.

When you have submitted the required documents listed above, the Office of Admissions & Registration will inform you of any required Entrance Examinations and of the dates and places at which they will be administered.

Your application is valid only for the academic year to which you are applying.

You will be informed of the Admission Committee's decision on the date announced by the Faculty. If you have been admitted to the University, you may pick up your registration materials on the same day from the Office of Admissions & Registration.

All applications are considered by the University without discrimination against race, religion, nationality, creed, sex or physical handicaps.

Applicants who hand-deliver their applications should pay the fee at the cashier's office located in the administration building. Applicants who send their applications by mail can use the method of payment mentioned below:

Payment should be made by certified bank check or banker's check payable to the University of Balamand at the Cashier's Office or cash at the bank.

Alternatively, payments can be made by a bank transfer to the following University bank account:

Bank Name	Fransabank sal	or	Fransabank sal
Address	Tripoli Gemmaysat Branch, Lebanon		Tripoli Gemmaysat Branch, Lebanon
Beneficiary	University of Balamand		University of Balamand
Account #	84-0416493-10-20-50		27-0338137-10-20-50
Currency	U.S \$		L.L.
Swift Code	FSAB LB BX		FSAB LB BX
IBAN	LB5002 0030 0500 8438 0001 0001 39		LB5001 0010 0500 8438 0001 0001 76

For more information, please call the Office of Admissions and Registration at 00961 6 930 250 ext. 1255 or 1670 or email: admissions@balamand.edu.lb



Attach a recent colored passport-size photo

For official use

Do not write in this box

Application number
Campus where the application is received
Date application received by Admissions Office

FILL IN USING BLOCK LETTERS

1. PERSONAL INFORMATION

- Student's full name (as in official documents)

(English) First name Father's name Last name

(Arabic) First name Father's name Last name

- Mother's maiden name in full

(English) First name Father's name Last name

(Arabic) First name Father's name Last name

- Gender
Marital status

- Maiden name for Married Women

(English) First name Father's name Last name

(Arabic) First name Father's name Last name

- Date of birth (day/month/year)

- Place of birth City Province Country

● Nationality Second nationality (if any)

Family registration # Province Passport # (if non-Lebanese)

● Is any of your immediate family currently affiliated with the University? Yes No

If yes, please specify name of affiliated member

ID Relation Father Mother Brother Sister Other

● Home address

.....
<i>Building</i>	<i>Street</i>	<i>Quarter</i>	<i>City</i>
.....
<i>Country</i>	<i>Email</i>	<i>Home Phone #</i>	<i>Mobile #</i>

● Please describe below if there is any case of physical disability or health condition

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2. APPLICATION INFORMATION

● Program(s) to which you are applying, please specify priority: (1 or 2) M.D. M.S. Biomedical Sciences

● Academic year to which you are applying

● Which university(ies) have you attended during the past three years?

Name of institution	Address	Dates enrolled
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.....

● Which degree(s) do you hold or expect to hold by the start date of the year you are applying?

.....
<i>Name of degree in the language in which it is delivered</i>	<i>Date of degree</i>

● Government or Secondary School Certificate you hold (Baccalaureate or Equivalent):

.....
<i>Name of degree in the language in which it is delivered</i>	<i>Date of degree</i>

● If you were previously enrolled at the University of Balamand, please specify:

.....
<i>Faculty of enrollment</i>	<i>Major</i>
.....
<i>Student identification number</i>	<i>Enrolled from (date) to (date)</i>

- If you were not attending university last year, please indicate what your occupation was:

.....

- Please indicate the job you held most recently:

<i>Position</i>	<i>Name of employer</i>
<i>Name of direct supervisor</i>	<i>Title of direct supervisor</i>
<i>Employer Address</i>	<i>Main tasks/responsibilities</i>

- MCAT (Highest score): Indicate your verification code:

Test Date	Biological and Biochemical Foundations of Living Systems	Chemical and Physical Foundations of Biological Systems	Psychological, Social, and Biological Foundations of Behavior	Critical Analysis and Reasoning Skills	Username	Password

N.B. Indicate the date you plan to take the MCAT (if applicable) :

- Language Knowledge: For each category check (✓) the most appropriate box:

	Spoken			Written			Read		
	Exc.	Good	Fair	Exc.	Good	Fair	Exc.	Good	Fair
Arabic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
French	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you select other, please specify:

3. FINANCIAL INFORMATION

How do you expect to meet the cost of your tuition and other expenses at the University of Balamand?

Parents Self Sponsor or Other Name of Sponsor/Other

Address of Sponsor/Other:



Student's full name (as in official documents)

For official use

Do not write in this box

Applicant Number

NOTE TO RECOMMENDER: This student is applying to the University of Balamand. Please fill out this form and return it to the applicant in a sealed envelope. The content in this recommendation will help us appraise the applicant's eligibility. All data are confidential.

Information

Name of School, Language of Instruction, Address, Applicant enrolled from (DATE) to (DATE)

Please rate the applicant in terms of:

Table with 6 columns: Rating categories (Average or below, Good, Excellent, Outstanding, No Basis for Judgement) and 7 rows: Academic skills and potential, Problem solving and management abilities, Behavior and attitudinal skills, Communication and working relationships, Ability to work in a team, Motivation and punctuality, Sense of responsibility.

How did you know the applicant and for how long?

.....

What are your impressions of the applicant's character and maturity? How would you rate him/her in comparison with others? Does he or she have any special strengths, weaknesses, or problems of which we should be aware? Please give any additional comments you deem important.

.....

- Please describe any remarkable talents and interests the applicant has or any activities he/she participates in.

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- If you have any reason to doubt the integrity of this applicant, please explain why.

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- In summary, what are the 3 adjectives that describe the applicant the most?

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.....
.....

Recommender's name in block letters

Recommender's Signature *Date*



Student's full name (as in official documents)

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