

## SCHOOL OF MEDICINE Application Form

### INSTRUCTIONS

**Please read the instructions carefully before filling out the application form.**

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#### GENERAL INSTRUCTIONS

1. The Application for Admission Form to the School of Medicine is only available on-line at the LAU website.
  
2. Print out the completed Application for Admissions Form and submit it along with the documents listed below to the Admissions Office, Lebanese American University – Byblos Campus by hand, by mail or via a mail courier to the address below.
  
3. The Applicant should submit the following: Completed Application Form with date and signature.
  - a. Completed Application Form with date and signature.
  - b. A photocopy of the identity card or passport (matching the nationality to be used in registering at LAU).
  - c. One recent color passport-size photograph.
  - d. A non-refundable application fee of US \$105 (L.L. 158,000).  
The application fee may be sent in any of the following methods:
    - Cash.
    - A certified banker's check issued to the Lebanese American University
    - Money Transfer to the following account (include bank receipt of application fee):

#### **Audi Bank**

#### **Byblos Branch - Lebanon**

**Account number: 156898 461 002 014 19-Lebanese American University Swift code: AUDBLBBX**

**Description (please include full name of applicant):**

**IBAN: LB64 0056 0001 5689 8461 0020 1419**

- e. Lebanese Baccalaureate Diploma or its Equivalent. The Official Lebanese Equivalence of all non-Lebanese degrees will also be required.
- f. An official transcript of grades from all colleges or universities the applicant attended. **An updated transcript of grades and a certified copy of the diploma must be submitted before final admission.**
- g. Certified copies of all educational and professional certificates/diplomas
- h. Copy of the MCAT scores
- i. Letters of recommendation from at least two science professors (signed and sealed). Additional letters of recommendation are a plus.

**N.B.**

- **Only complete applications will be acted upon.**
- **All documents presented by applicants to complete a file for admission become the property of LAU. Applicants accepted or rejected have no right to claim any of these documents.**
- **Admission is valid only for the academic year for which a student applies. If an applicant is accepted and for some reason does not register, then his or her admission is forfeited. To join the Faculty of Medicine at some later time, the student will have to reapply, present complete documents, and compete with the new applicants.**

## **ENGLISH PROFICIENCY REQUIREMENT**

1. Applicants are required to be fluent in English as demonstrated by a minimum score of 550 on the English Entrance Examination (EEE) or its equivalent on the International TOEFL or the IELTS.

Applicants from recognized universities where the language of instruction is English may have the fluency in English tests waived. However, in certain cases, applicants may be asked for an interview to test their English proficiency. They may also be asked to sit for a placement exam in English.

2. When registering for TOEFL, please use the LAU code number 2595.

For further information, you may contact the Admissions Office at LAU – Byblos.

Tel: (09) 547254 / 547262 Ext: 2133

Fax: (09) 546560

E-mail: [admissions.byblos@lau.edu.lb](mailto:admissions.byblos@lau.edu.lb).

Mailing Address: P.O. Box 36  
Byblos – Lebanon

**LEBANESE AMERICAN UNIVERSITY**  
**SCHOOL OF MEDICINE**  
**Office of Admissions**

Completing your application

<b>Application checklist</b>		<b>Student Use</b>	<b>Office Use Only</b>
1.	Completed Application Form with date and signature	<input type="checkbox"/>	
2.	Recent passport photograph	<input type="checkbox"/>	
3.	Letters of recommendation from at least two science professors (signed and sealed). Additional letters of recommendation are a plus.	<input type="checkbox"/>	
4.	Official transcript of grades (signed and sealed) from each college/university attended	<input type="checkbox"/>	
5.	Certified copy of all university diplomas once available	<input type="checkbox"/>	
6.	Copy of MCAT scores (pending official score)	<input type="checkbox"/>	
7.	Lebanese Baccalaureate Diploma or its Equivalent. The Official Lebanese Equivalence of all non-Lebanese degrees will also be required.	<input type="checkbox"/>	
8.	Copy of the ID card or passport (should be the same nationality to be used for the registration at LAU)	<input type="checkbox"/>	
9.	Students who are U.S Citizens or U.S. green card holders must submit along the application the W-9S form that could be downloaded from <a href="http://www.irs.gov/uac/About-Form-W9S">http:// www.irs.gov/uac/About -Form-W9S</a>	<input type="checkbox"/>	
10.	Application Fee US \$105 (L.L. 158,000) (Non-Refundable)	<input type="checkbox"/>	

**FOR OFFICE USE ONLY**

ID# : .....

Date Received: .....

Receiver's Name and Signature: .....

Attach a recent photograph

## LEBANESE AMERICAN UNIVERSITY

### APPLICATION FOR ADMISSION TO THE SCHOOL OF MEDICINE

1. a. Name in Arabic (As in official documents)

.....  
*If you cannot type Arabic on your computer, fill out this section on the printed copy only.*

b. Name in English (As in official documents) Male  Female

.....	.....	.....
Family Name	First Name	Father's Name
Married name(s) for women applicants (if applicable): .....		

2. Father's Occupation: .....  
Business Telephone: .....

3. Mother's full maiden name: .....  
Occupation: .....  
Telephone: .....

4. Residence address :

Building .....	Street .....	P.O.Box .....
City .....	Country .....	
Telephone .....	Mobile .....	Fax No. ....

5.	Mailing address (Complete this item only if different from above):			
	Building .....	Street .....	P.O.Box .....	
	City .....	Country .....		
	Telephone.....	Mobile .....	Fax No. ....	
6.	E-mail address: (Please provide a personal active e-mail address):			
	.....@.....			
7.	Nationality to be used in registration at LAU:		8. Other Nationalities (if any):	
	.....		.....	
9.	Place of Birth:		10. Date of birth :	
	City .....		...../...../.....	
	Country .....		Day      Month      Year	
11.	Secondary School Education:			
	...../...../.....			
	Name of School	Name/ Type of certificate	Date received	
	...../...../.....			
	Name of School	Name/ Type of certificate	Date received	
12.	List all colleges and universities you attended starting with the most recent			
	Full name and address <b>College or University</b>	Dates of attendance From                      To	Major	Diploma or certificate
	a.....	.....	.....	.....
	b.....	.....	.....	.....
	c.....	.....	.....	.....
	d.....	.....	.....	.....
13.	Academic Distinctions, Awards, Prizes, etc. (Indicate years)			



18.	Do you suffer from any physical disabilities that may impair your performance at the Medical School ? If yes, please describe.
19.	Describe briefly (maximum 300 words) any extracurricular activities, volunteer work and community service you have been involved in (indicate the years) and how you spend your leisure time .

20.	If applicable, describe (maximum of 300 words) any research you have been involved in. Indicate year(s).
21.	Write a brief statement (maximum 300 words) about any information you wish to share with us that you feel would help us in your evaluation.



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22.	Write below about your background and your reasons for choosing Medicine as your profession (maximum 300 words)?
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	<p>I the undersigned hereby certify that the above information is accurate and complete. I authorize verification of all statements contained therein and give the university the absolute discretion to use these documents whenever and wherever it deems fit. Withholding information, misrepresentation, or forgery of the presented documents renders me subject to immediate dismissal from the university and all the applicable legal penalties.</p> <p>All documents presented by applicants to complete a file for admission become the property of LAU. Applicants accepted or rejected have no right to claim any of these documents.</p> <p>.....  Signature of applicant <span style="float: right;">..... Date</span></p> <p><i>Keep this blank on the electronic copy, but do sign your printed application before mailing it.</i></p>

Save...

Print...

**FOR OFFICE USE ONLY**

ID # : .....

Date Received: .....

Receiver's Name and Signature:  
.....

# LEBANESE AMERICAN UNIVERSITY

## Recommendation Letter for Admission to the School of Medicine

**TO THE APPLICANT:**  
 All applicants are asked to submit two recommendation forms. Please print or type this form. Please complete the below information before submitting this form to your academic reference. Once completed, kindly submit the recommendation letter in a **sealed and stamped** envelope to :

Lebanese American University - Admissions Office, P.O.Box: 36, Byblos-Lebanon.

Name of Applicant: .....

E-mail of Applicant: .....

Name of recommender: .....

Do you waive the right to see this letter of recommendation:  
 Yes                   No

Applicant's Signature: .....

1- In what capacity and for how long have you known this applicant?

2- Please rate the applicant **in comparison** with other students you have known at similar stages in their academic years.

	Outstanding	Very Good	Good	Fair	Poor	Insufficient opportunity to rate
Academic Performance						
Degree of academic focus						
Intellectual ability						
Maturity						
Flexibility to adapt to new situations						
Self-confidence						
Perseverance						
Motivation/Enthusiasm						
Imagination and creativity						

Ability to work with others						
Sociability/cordiality						
Reliability						
Research potential						

3- Briefly provide us with any information that may help us in the selection process (such as applicant's strengths and weaknesses).

4- Please give the applicant's rank relative to his/her class :

Signature: ..... Date: .....

Position & rank : .....

E-mail : .....

Name of Institution: .....

Mailing Address: .....

Telephone: .....