



Paste recent colored passport-size photograph

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

This application should be completed and submitted with an official transcript of record, L.L. 75,000 (US\$ 50) non-refundable application fee and a separate passport size photograph to the address mentioned on page 2.

Part I (to be completed by the visiting student)

Table with 2 columns: Clinical Psychology Rotation (1month) and Date : (DD/MM/YYYY) with sub-columns From: and To:

PERSONAL INFORMATION

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

Form for name entry with columns: In English, Last, First, Middle and 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 (Ma/Ms and above)

Education	University	Year Started	Year Completed/Expected

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

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. The personal health coverage is___ is not___ in effect while the student is away from our Faculty.

Malpractice insurance covers ___ does not cover___ the student away from our faculty.

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