

Faculté de langues et de traduction

École de traducteurs et d'interprètes de Beyrouth

كلية اللغات والترجمة

مدرسة الترجمة بيروت

Year                     -   
 Semester              1         2

Passport Photo

*Reserved for the ETIB Secretariat  
Registration number:*

### **MASTERS REGISTRATION FORM**

#### **SELECT THE MA PROGRAM YOU WISH TO APPLY FOR:**

- MA in Translation:
- MA in Interpreting:

#### **SELECT YOUR LINGUISTIC COMBINATION:**

- Arabic: Language A
- French: Language B       Language C
- English: Language B       Language C

- Other languages?      Yes       No

Specify: ..... Level: Very good       Good       Average   
 ..... Level: Very good       Good       Average   
 ..... Level: Very good       Good       Average

#### *Personal Information*

Surname<sup>1</sup>: .....

Name: .....

Father's name: .....

Mother's name: .....

Sex: Male       Female

Place of birth: .....

Date of Birth:  /  /   
 Day                  Month                  Year

Country of birth: .....

Nationality: .....

Rite: .....

Caza: .....

<sup>1</sup> Capital letters, Maiden name for married candidates

**Mohafazat:** .....

**Civil registry N°:** .....

**Family status:**

Single  Religious

Married  Spouse's full name: .....

**Address:**

**Building:** ..... **Street:** .....

**District:** ..... **Region:** .....

**Telephone N°:** ..... **Mobile N°:** .....

**Email:** .....

**Blood Type:** A+  B+  O+  AB+  A-  B-  O-  AB-

**Donor:** Yes  No

### ***School Information***

**Baccalaureate preparation school:**

**School name:** .....

**School address:** .....

**Telephone:** .....

**Baccalaureate: Lebanese**  **Non-Lebanese**

**Specify:** .....

**Year:** \_\_\_\_\_

**Session:** \_\_\_\_\_

**Candidate N°:** \_\_\_\_\_

**Certificate N°:** \_\_\_\_\_

**Equivalence – Date (Non-Lebanese Baccalaureate):** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day Month Year

**Equivalence N°:** \_\_\_\_\_

### ***French Proficiency Test***

**Test year:** .....

**Center:** Beirut  Zahleh  Tripoli  Saida

**Test:** Individual  Collective

**School (for collective test):** .....

**Proficiency test registration N°:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**NB:** Please note that the Proficiency Test is not a prerequisite for the Master's program.

### *University Information*

**University name:** .....

**Faculty:** .....

**Country:** .....

**Diploma:** .....

**Graduation date:** .....

**Other Diplomas:**

.....

.....

### *National Social Security Fund (NSSF)*

**Does the student have his/her own NSSF number?** Yes  No

If yes, N°: .....

**If not, does he/she benefit through his/her parents from:**

- the National Social Security Fund
- Adjacent funds: State Officials' Mutual Fund, Lebanese Army, Internal Security Forces, General security, State Security, Judges' Mutual Fund, Lebanese University Teachers' Mutual Fund, Municipalities Mutual Fund, Customs Mutual Fund, Bar Association.

Yes  No

If yes, specify: ..... N°: .....

Validity period: .....

***Private insurance companies are not part of the authorized organizations***

Date:

Student's Signature:

Institution's Signature: