

Reserved for the administration ID:

DOCTORATE IN BIOLOGICAL AND MEDICAL SCIENCES – PUBLIC HEALTH SPECIALTY
REGISTRATION FILE- 2024/2026

Instructions:

Submit **1 copy of the file**, as well as one copy of the following documents:

- Lebanese Baccalaureate or its equivalent
- Copy of graduate university degree
- University transcript of grades
- ID (civil status extract, identity card, or passport)
- Certificate of employment (If you are currently working)
- Motivation Letter
- Recent Curriculum Vitae
- Registration fees 100 USD (non-refundable)
- Thesis project (1000 words)

Once admitted, the candidate must complete his file with the documents below:

- Lebanese Baccalaureate or its equivalent, certified by the Ministry of Education and Higher Education
- Certified graduate university degree (All degrees other than those delivered by USJ or LU must be certified by the Ministry of Education and Higher Education)
- Official transcript of grades
- Social Security certificate of registration from the NSSF central management (Mazraa) for those under 30 years.

Attach 2 pictures dated less than 6 months

Doctorate in Biological and Medical Sciences - Public Health specialty

- Options
- Leadership in Global Health
 - Health Management and Policy

- I would like to register as**
- Full-time **(6 semesters)**
 - Part-time

► Title of thesis proposal: -----

► Availability of funding: Yes (If yes, mention source and details below) No

► Practicum site (tentative): -----

► Practicum preceptor's name and function (tentative): -----

► Technical advisor's name and function (tentative): -----

I – PERSONAL INFORMATION:

SURNAME¹

First Name:

Fathers' name:

Mother name:

Gender: Male Female

Birth date:/...../.....

Place of Birth:

N° of the civil status registry:

Region:

Nationality:

Address:

 **Home:**

 **Cell:**

@ :

 **Office**

Emergency contact

SURNAME & Name	SURNAME & Name
Phone	Phone

¹ 1 Capital letters; Maiden name for married candidates

II-EDUCATION

School attended during baccalaureate year:

Baccalaureate

Lebanese

Non-Lebanese Specify:

Year Session Candidate N°: Certificate N°:

III- Internships /Trainings

Date	Duration	Enterprise/Organization	Type of internship/training
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----

IV- University Education (most recent 1st)

Year	Degree	Institution	Country
From..... To			
From..... To			
From..... To			

V- Other additional training not sanctioned by a degree

.....

.....

.....

VI-Professional Experience

Starting from your current role, list, in reverse chronological order, all the positions you have held. Use a separate box for each position occupied. Also mention any period during which you would not have had any paid work.

A- Current position

From	To	Institution/organization.....
...../...../.....	Position held
dd mm YYYY		

Are you: A manager Trial period part-timer

Detailed description of job

Provide a complete, precise, and clear description of your job.

B -Previous positions

From	to	Institution/organization.....
...../...../...../...../.....	Job
dd mm yyyy	dd mm yyyy	Reason of departure

From	to	Institution/organization.....
...../...../...../...../.....	Job
dd mm yyyy	dd mm yyyy	Reason of departure

B- What would be the impact of this program on your career?

VII-Publications (Thesis- articles- etc.)

Title:	Publication Date:	Place of publication:
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-----	-----	-----
-----	-----	-----
-----	-----	-----

VIII –Additional information

A – Languages

Use: A for Excellent, B pour Good, C pour Fair and D for weak.

		Read	Write	Speak	Unerstand
	Arabic				
	French				
	English				
Other languages:					

B – Software

Use: A for Excellent, B pour Good, C pour Fair and D for weak.

		A	B	C	D
	Word				
	Excel				
	PowerPoint				
	SPSS				
Other Software:					

Have you submitted a registration file to another institution in Lebanon or abroad?

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.....

If yes, to which programs? Reasons for this choice

.....
.....

Please add here any information that you think is interesting to communicate to the committee.

.....
.....

NSSF

Dependent

- None Parents Personal Spouse

Type

- | | | |
|--|---|--|
| <input type="checkbox"/> Lebanese Army | <input type="checkbox"/> NSSF | <input type="checkbox"/> Cooperative of state-employed |
| <input type="checkbox"/> Customs | <input type="checkbox"/> Municipalities | <input type="checkbox"/> Mutual of LU teachers |
| <input type="checkbox"/> Mutual of Judges | <input type="checkbox"/> General Security | |
| <input type="checkbox"/> Internal Security | <input type="checkbox"/> State Security | |

NSSF N°

..... الشهرة
..... الاسم
..... اسم الأب
..... اسم الأم
..... اسم المضمون

I certify that the information provided in this file is correct and accurate.

Date: / /

Signature of the candidate