

## PhD in Public Health

Application Form – Cohort 3 – 2026/2029

### **Instructions:**

Fill out and submit **one copy of this application form**, as well as one copy of the following documents:

- ☐ Passport-sized photo (x2)
- ☐ Copy of an official identification document (civil status extract, identity card, or passport)
- ☐ Certified copy of the Lebanese Bacculaureate or its equivalent
- ☐ Certified copy of previous university degree(s). Holders of degrees issued by institutions other than USJ or the Lebanese University must also submit “إفادة معادلة” for each degree.
- ☐ Official transcript of grades per degree
- ☐ Letter of employment (if applicable)
- ☐ Updated Curriculum Vitae
- ☐ Motivation Letter
- ☐ Research proposal
- ☐ Certificate of registration in the National Social Security Fund (NSSF), if applicable for candidates under 30 years old
- ☐ Application fees: 100 USD (non-refundable)

Note that all information requested in the application is mandatory. When not applicable please write “N/A.”

**Reserved for Administration Use Only.**

**Do NOT write anything here.**

**Matricule:** \_\_\_\_\_

☐ **Candidate Admitted**

☐ **Candidate Waitlisted**

☐ **Candidate Not Admitted**

**Reason:**

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**Date:**

**Name and Signature of Admission Committee Members**

**I – PROGRAM AND THESIS-RELATED INFORMATION:**

**Specialty:**    ☐ Leadership in Global Health        ☐ Health Policy & Management

**Proposed Title of  
Thesis Proposal:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Availability of funding:**    ☐ YES, Source: \_\_\_\_\_    ☐ NO

**II – PERSONAL INFORMATION:**

**SURNAME:** \_\_\_\_\_

**First Name:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_

**Gender:**    ☐ Man    ☐ Woman

**Mother's Name:** \_\_\_\_\_

**Date of Birth<sup>1</sup>:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

**Place of Birth:** \_\_\_\_\_

**Civil Status Registry Number:** \_\_\_\_\_

**Region:** \_\_\_\_\_

**Nationality<sup>2</sup>:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number<sup>3</sup>:** \_\_\_\_\_

**Cellphone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

<sup>1</sup> Please use dd/mm/yyyy format.

<sup>2</sup> If you hold more than one nationality, please indicate all.

<sup>3</sup> If you use an international number, please indicate country and/or area code.

### III – HEALTH RELATED INFORMATION:

**Do you have any disability (physical and/or sensory) or any special need?**

☐ YES   ☐ NO   If yes, please specify: \_\_\_\_\_

**Do you have any chronic medical condition(s)?**

☐ YES   ☐ NO   If yes, please specify: \_\_\_\_\_

If you are a student requiring specific accommodations because of a handicap, or for information about support offered by USJ for students with special needs, please contact [inclusion@usj.edu.lb](mailto:inclusion@usj.edu.lb).

### IV – PERSONS TO CONTACT IN CASE OF EMERGENCY:

**Name:**

**Phone Number and Email:**

_____	_____
_____	_____
_____	_____

### V – HIGH SCHOOL EDUCATION:

**School attended during Baccalaureate year:**

\_\_\_\_\_

**Baccalaureate section:**

\_\_\_\_\_

☐ Lebanese

☐ None-Lebanese, please specify:

\_\_\_\_\_

Year: \_\_\_\_\_ Session: \_\_\_\_\_ Candidate N°: \_\_\_\_\_ Certificate N°: \_\_\_\_\_

VI – UNIVERSITY EDUCATION <sup>4</sup> :			
Year <sup>5</sup>	Degree <sup>6</sup>	Institution	Country

VII – INTERNSHIPS / TRAINING			
Date	Duration	Organization	Type

VIII – OTHER TRAINING NOT SANCTIONED BY A DEGREE

IX – PRACTICUM-RELATED INFORMATION
Practicum site (tentative): _____
_____
Name & Function of Practicum Preceptor (tentative): _____
_____
Name & Function of Practicum Technical Advisor (tentative): _____
_____

<sup>4</sup> Please list ALL degrees completed in reverse chronological order (most recent first).

<sup>5</sup> Year degree was issued.

<sup>6</sup> Title of Abbreviation of degree.

## X – PROFESSIONAL EXPERIENCE

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

### **A: Current Position:**

From	To	Institution: _____
___/___/___	___/___/___	Position: _____

Are you: ☐ A manager ☐ A part timer ☐ On a trial Period

**Please provide a complete, precise, and clear description of your job:**

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### **B: Previous Positions:**

From	To	Institution: _____
___/___/___	___/___/___	Position: _____

From	To	Institution: _____
___/___/___	___/___/___	Position: _____

From	To	Institution: _____
___/___/___	___/___/___	Position: _____

XI – PUBLICATIONS <sup>7</sup>		
Title	Date	Journal

XII – ADDITIONAL INFORMATION																																														
<p><b>A – Languages:</b></p> <p>Use: A for Excellent, B for Good, C for Fair, and D for Weak</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th colspan="2"></th> <th style="width: 15%;">Read</th> <th style="width: 15%;">Write</th> <th style="width: 15%;">Speak</th> <th style="width: 15%;">Understand</th> </tr> </thead> <tbody> <tr> <td colspan="2" style="text-align: center;">Arabic</td> <td></td><td></td><td></td><td></td></tr> <tr> <td colspan="2" style="text-align: center;">French</td> <td></td><td></td><td></td><td></td></tr> <tr> <td colspan="2" style="text-align: center;">English</td> <td></td><td></td><td></td><td></td></tr> <tr> <td rowspan="2" style="text-align: center; vertical-align: middle;">Other languages:</td> <td></td> <td></td><td></td><td></td><td></td></tr> <tr> <td></td> <td></td><td></td><td></td><td></td></tr> </tbody> </table>								Read	Write	Speak	Understand	Arabic						French						English						Other languages:																
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**What impact would this program have on your career should you be admitted?**

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<sup>7</sup> Highlight most relevant work. A more complete list of publications may be included in your CV.

**Have you applied to another program and/or institution either in Lebanon or abroad? If yes, to which programs, and what were the reasons for that?**

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**Please provide here any additional information that you think would be relevant for the Admissions Committee.**

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**Medical Coverage** (if applicable)

**Dependent**

☐ None ☐ Parents ☐ Personal ☐ Spouse

**Type**

☐ NSSF ☐ Military scheme ☐ Cooperative of State Employees

Enrollment N°: \_\_\_\_\_ الشہرة: \_\_\_\_\_

\_\_\_\_\_ الاسم: \_\_\_\_\_

\_\_\_\_\_ اسم الأب: \_\_\_\_\_

\_\_\_\_\_ اسم الأم: \_\_\_\_\_

\_\_\_\_\_ اسم المضمون: \_\_\_\_\_

**I certify that the information provided in this application form is correct and accurate.**

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Signature**