



كلية اللغات والترجمة

مدرسة الترجمة بيروت

Passport Photo

Reserved for the ETIB Secretariat
Registration number:

SELECT THE MA PROGRAM YOU WISH TO APPLY FOR:

- MA in Translation: ☐
- MA in Interpreting: ☐

- 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

Surname¹:

Name:

Father's name:

Mother's name:

Sex: Male ☐ Female ☐

Place of birth:

Date of Birth: / /
 Day Month Year

Country of birth:

Nationality:

Religion:

Caza:

Mohafazat:

¹ Capital letters, Maiden name for married candidates

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:

☎ :

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: