



Reserved for the administration:	ID:
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DOCTORATE IN BIOLOGICAL AND MEDICAL SCIENCES — PUBLIC HEALTH

SPECIALITY

		REGISTRAT	FION FILE - 202	0/2023		
Lebanese Bar Copy of grad University to ID (civil state of Motivation Land Recent Curral Registration Conce admitted Lebanese Bar Education Certified grad Copy of Grad Registration Copy of Grad Registrat	of the file, as well as one of accalaureat or its equivalend duate university degree ranscript of grades active card or femployment (If you are coetter	copy of the follow t passport) urrently working) mplete his file v , certified by the	ving documents: with the docu Ministry of Edu chan those deliv	m ents below cation and Hig	her	Attach 2 pictures dated less than 6 months
Official tra Summary of Social Secur those under	nscript of grades thesis project ity certificate of registration	n from the NSSF (central manage	ment (Mazraa)	for	
Disciplin	e:					
Options:	☐ Leadership in Gl☐ Health Manager		,			
I would li	ke to register as:	Full time (24 c Part time	redits minim	um; 6 seme	esters)	
		Cotutelle		Co-direct	ion	
		\square yes	\square no	\square yes	\square no	Please add the agreement file
Specify na	me of institution					agreement inc

Thesis Director (s) (if available):	
Host Laboratory :	
Research unit :	
Themes:	
2	lable):
► Availability of funding: □ Yes : Source .	
I – PE	RSONAL INFORMATION:
	athers name:
Mothers name:	
Birth date :/	Place of Birth:
N° of the civil status registry :	Region :
Nationality:	
Address:	
★ home : ★ cell	ł
@: *********************************	ice
mergency contact:	
SURNAME & Name	SURNAME & Name
Phone	Phone

¹ Capital letters; Maiden name for married candidates

II-EDUCATION							
School attended during baccalauréat year :							
Baccalaureat :							
☐ Leb	Lebanese						
☐ Noi	☐ Non lebanese Specify:						
Year : Session : Candidate N° : Certificate N° :							
		III- Internships /Training	s				
Date	Duration	Entrerprise/Organisation	Type of internship/training				

IV- University Education (most recent 1st)					
Year	Degree	Institution	Country		
From					
То					
From					
То					
From					
То					

V- Other additional trainings not sanctioned by a degree

V/T D	. .	I F	. <i>-</i>
AT-LLC	ressioi	ıaı Exp	érience

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.

From	To Ins	stitution/organisation	
/	Po	osition held	
d mm YYYY			
\re you : Manager	. ☐ Tria	I period ☐ part-timer ☐	
Detailed description	on of job		
rovide a complete	e, precise and clear des	scription of your job.	
B -Previous			
		Institution/organisation	
<u>B -Previous</u> From	positions		
<u>B -Previous</u> From /	positions To	Institution/organisation	
<u>B -Previous</u> From	<u>s positions</u> To	Institution/organisation	
<u>B -Previous</u> From	<u>s positions</u> To	Institution/organisation	
B -Previous From/ d mm yyyy From	To dd mm yyyy	Institution/organisation	
B -Previous From/ d mm yyyy From	To/	Institution/organisation	

	VII	-Publications (Thesis- articles	– etc.)	
Citle:	Publication Date:		P	lace of publication	
				- -	
A – <u>Languages</u>	D 0 10		cional informatio	on	
Use: A for Excellent,	B pour Good, C po	Read	veak. Write	Speak	Unerstand
	Arabic				
	French				
	English				
Other languages :					
	Word	A	В	С	D
	Excel				
	Power Point				
	SPSS				
Other Softwares :					
C- what would be t	the impact of thi	s program on yo	ur career?		
ast are your mot	ivations to foll	ow this doctor	al program at US	SJ?	
iat are your inot					

Have you submitted a registration file to another instituion in lebanon or abraod?
If yes, to which programs? Reasons of this choice
Please add here any information that you think is interesting to communicate to the committee

NSSF Dependent ☐ Personal ☐ None ☐ Parents ☐ Spouse **Type** ■ NSSF Lebanese Army Cooperative of state employeed Customs Municipalities ☐ Genral Security ☐ Mutual of Judges ■ Mutual of LU teachers ☐ Internal Security ☐ State Security NSSF N° الشهرة الاسم اسم الأم I certify that the information provided in this file is correct and accurate. Date :/....../ Signature of the candidate ☐ Accepted ☐ Refused **Reason:**

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Date:

Name and Signature of committee members