Application for Visiting Students for an Elective Rotation in the Clinical Psychology Training Program
Faculty of Medicine, Department of Psychiatry,
American University of Beirut,
P.O. Box: 11-0236, Riad El-Solh, Beirut 1107 2020,
LEBANON
Tel: 961 1 350000, 340460 ext: 5664
E-mail: ns54@aub.edu.lb

This application should be completed and submitted with an official transcript of record, L.L. 75,000 (US$ 50) non-refundable application fee and a separate passport size photograph to the address mentioned on page 2.

Part I (to be completed by the visiting student)

<table>
<thead>
<tr>
<th>Clinical Psychology Rotation (1month)</th>
<th>Date: (DD/MM/YYYY)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>From:</td>
</tr>
<tr>
<td></td>
<td>To:</td>
</tr>
</tbody>
</table>

PERSONAL INFORMATION

1. Name (print full name in accordance with identity card or passport)

<table>
<thead>
<tr>
<th>In English</th>
<th>Last</th>
<th>First</th>
<th>Middle</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>In Arabic</th>
<th>Last</th>
<th>First</th>
<th>Middle</th>
</tr>
</thead>
</table>

4. Gender
   - Female ☐
   - Male ☐
   - Other ☐

5. Citizenship ____________________
6. Current mailing address (the email you provide under this item will be used to communicate to you the status of your application)

<table>
<thead>
<tr>
<th>Bldg.</th>
<th>Street</th>
<th>City</th>
<th>Country</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Cell phone ___________________________  e-mail ___________________________

7. List of all education completed or currently in progress (Ma/Ms and above)

<table>
<thead>
<tr>
<th>Education</th>
<th>University</th>
<th>Year Started</th>
<th>Year Completed/Expected</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

8. Please state the reason behind your enrollment in the training:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Student’s Signature______________________________________________________
Part II (to be completed by the chair of the visiting student)

Ms./Mr.________________________ is a registered full time student in good standing at _________________________________.

The student is presently in her/his ________ year of a ________ year program studying for the __________ degree in _______________ Psychology (specify field)

The student has the permission to take the requested elective during the periods listed.

This student will ___ will not____ pay tuition at our Faculty during the period of elective. The personal health coverage is___ is not___ in effect while the student is away from our Faculty.

Malpractice insurance covers ___ does not cover____ the student away from our faculty.

Academic credits will___ will not___ be awarded upon receipt of a passing grade.

An evaluation of the student’s performance will___ will not___ be required (if a special form of evaluation is required please enclose one).

Name___________________ Title______________________

Signature__________________ Date____________________

Please Put the School Seal/Stamp