

**FLAGSHIP COURSE ON HEALTH SECTOR REFORM AND
SUSTAINABLE FINANCING FOR THE MENA REGION**

June 20-July 1, 2005

APPLICATION FOR ADMISSION

Deadline for Receipt: May 20, 2005

Print or type in block

Personal Information

Title: Dr. Ms. Mr.

Name: _____
First Middle Family Name

Sex: Female Male Date of birth: _____
Month Day Year

Citizenship: _____

Mailing address

Permanent mailing address: _____

Work address: _____

Communications

Office phone: _____ / _____ / _____ Fax: _____ / _____ / _____
(area code/regional code/number)

Home phone: _____ E-mail address: _____

Emergency Contact: (name, relationship, phone, fax): _____

Employment

Current employer: _____

Current professional position: _____

Please describe your current duties: _____

Indicate the type of organization in which you work (check only one, please):

- U.N. or U.N. Specialized Agency (N) International/Regional or Multilateral Organization (O) Other Financial Institution (e.g. Devt. Bank) (D) Office of President/Prime Minister (K) Research Institution (R) Ministry (M) University/Training Institution (U/T) State-, Province- or Municipal-Level Government (L) NGO or Other Non-Government Community Organization (H) Public Enterprise or Central Government Agency (P) Other (Z) (please list) World Bank (W) Private Enterprise

Please list previous two positions with a brief description of your duties/ responsibilities:

<i>Title</i>	<i>Company/Institution</i>	<i>Dates</i>
--------------	----------------------------	--------------

Post-secondary Education (do not list schools below University level)

<i>Institution</i>	<i>Country</i>	<i>Degree/Major</i>	<i>Year</i>
--------------------	----------------	---------------------	-------------

Language Proficiency

I understand that all sessions will be conducted in English. I certify that my written and spoken

proficiency in English language is:

Writing: Excellent Very Good Good Weak

Speaking: Excellent Very Good Good Weak

Will you require simultaneous translation to Arabic? Yes No

Please describe your reasons for applying to this course as well as your expectations.

How do you intend to use the knowledge gained during the course in your daily work?

Payment Information (must be filled out for application to be processed)

Name of sponsoring organization: _____

Contact Person: _____ Title: _____

Address: _____

Telephone: _____ Fax: _____

Internet/Email: _____

Modules

Please indicate which module(s) you will be attending if you are selected to participate in the course (*kindly check relevant box; more than one can be checked*).

Week June 20-24, 2005

Week June 27-July 1, 2005

Country Assistance

Important: Applicants from countries that require government clearance, or approval by a particular agency are expected to submit, along with their application a letter from the relevant agency clearing their participation.

Name of coordinating agency (if applicable): _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Signature of nominator: _____

I declare that all statements I have made on this application are true.

Signature: _____ Date: _____

Airmail or fax this form and the supporting documents by May 20, 2005 to:

Karen Kazandjian

American University of Beirut

Faculty of Health Sciences

P.O. Box 11-0236

Riad El Solh, Beirut 1107 2020

Beirut, Lebanon

Phone: (961)- 1-340460 Ext. 4682

Fax: (961)- 1-744470

Email: kkk00@aub.edu.lb