FLAGSHIP COURSE ON HEALTH SECTOR REFORM AND SUSTAINABLE FINANCING FOR THE MENA REGION
March 24-April 4, 2003
APPLICATION FOR ADMISSION
Deadline for Receipt: February 17, 2003

Print or type in block

Personal Information

Title:  □ Dr.  □ Ms.  □ Mr.
Name:  ___________________________________       ___________________________  
First                                      Last
Sex:  □ Female  □ Male  Date of birth:  _______________________________  
                           Month    Day    Year
Citizenship:  ____________________________________________________________

Mailing address
Permanent mailing address: ________________________________________________

Work address: ______________________________________________________________________
____________________________________________________________________________________

Communications
Office phone: _________________________ Fax:  _________________________________________
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-, Providence- 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:

<table>
<thead>
<tr>
<th>Title</th>
<th>Company/Institution</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Institution</th>
<th>Country</th>
<th>Degree/Major</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**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 March 24-28, 2003 ☐ Week March 31-April 4, 2003

**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 February 17, 2003 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