

Center for Research on Population and Health
Faculty of Health Sciences
American University of Beirut

Visiting Fellows Program Application Form

(Please type or print the following information)

Name:

Age:	Sex:	Citizenship:
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I. Contact Information

Mailing Address:

Current Place of Employment:

Work Address:

Telephone: (Home)

(Work):

Fax:

Email:

Other Contact Information:

II. Educational/Professional Background

Universities/Institutions of Higher Learning Attended:

Institution	Degree	Date	Field of Study
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A.

B.

C.

Current Professional Title: _____

Current Occupation or Position: _____

III. Proposed Duration of Fellowship:

(Fellowship may extend from one to three months)

IV. Names of References Sending Letters of Recommendation

- 1.
- 2.

V. Research Interests (attach sheets if necessary)

VI. Describe briefly the plan for research activities and expected outcomes of the fellowship (attach sheet)

Additional Documents to be submitted:

Curriculum Vitae

Two Letters of Recommendation

Evidence of English Proficiency (Writing Sample)

Return completed application to:

Center for Research on Population and Health

Faculty of Health Sciences

American University of Beirut

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Lebanon

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