



AMERICAN UNIVERSITY OF BEIRUT

DEPRATMENT OF FAMILY MEDICINE

APPLICATION FOR ELECTIVE / FACULTY DEVELOPMENT AT AUBMC

I- GENERAL INFORMATION

1. Name: -----
Last *First* 2. Date of Birth: -----
day month year
3. Nationality: ----- 4. Sex: M F
5. Level: Med. IV PGY1 PGY2 PGY3 PGY4 Family Phys.
Others, specify: -----
6. University / Institution: -----
7. Department / Sector: -----
8. Address: -----

- Tel: ----- Fax: -----
E-mail: -----
9. Name and address of person to be contacted in case of emergency
- Name : ----- Relationship: -----
- Address: -----

- Phone: ----- Telex: -----
Fax: ----- E-mail: -----

IV- STUDY OBJECTIVES

1- Please state the objectives of your elective / faculty development (use extra paper if needed)

- 1. -----
- 2. -----
- 3. -----
- 4. -----
- 5. -----

2. Duration of the study period

Start: ----- / ----- / -----
day month year

End: ----- / ----- / -----
day month year

Signature of applicant

Date

Resident's Coordinator (Name/Signature)

Date

Chairman (Name & Signature)

Date

Accepted Refused

Reason(s): -----

