PHOTOGRAPH

			Date :	
RSONA	AL DATA			
V	ITAL STATISTIC	S		
1	. Full Name :	First	Middle	Last
2	Date of Birth :			Last
		Day	Month	Year
3	. Nationality:			
	A. Any Other Na	ntionality?		
	B. Are you a U.S	. Green Card Hol	der (Resident Alien) ?	
	U.S. Social S	ecurity Number :		
4	. Current Address	:		
		Email:		Tel:
5	. * Home Address			
				Tel:
6	. Marital Status :			
7	. Children (Indica	te Below: Names,	Day, Month and Year of Birth)	:
	·	,	•	
0	Doggnost No.		Dlaga of Issue	:
0	. Passport No. :			
	Date of Issue :		-	ation:
9	. Identity Card No.	for Lebanese Cit	izens :	
	Please attach photocop	ies of documents 8 and	9 above	

^{1 1}

As per "Home" definition in the "Policies on Benefits and Allowances for Academic Personnel"

II.	SUPPLEMENTARY DATA			
	1. Place of Birth:			
	2. Father's Name and Nation	nality:		
	3. Mother's Name and Natio	nality:		
	4. Spouse's Name: (if wife,	Maiden Name)		
	Spouse's Birthdate:	Birthpla	ce:	
	Nationality:			
III.	HEALTH (Certificate of good	d health required prior to appointm	nent)	
	1. Physical Fitness:			
	2. Height:	Weight :		
	3. Serious Illness : (If any –	list and describe effect on present	health)	
	5. Have you ever been refus	ed life insurance? (if so, state reaso	on)	
ACAD	EMIC RECORD Required to	o submit your official credentials a hest professional degree (s).		
I.	HIGHER EDUCATION ANI	O PROFESSIONAL SPECIALIZA	ATION *	
	Name of Institution	Field of Specialization	Degree	Date Received
	1			
	2			
	3			
	4			

^{*} Please attach photocopies of documents.

	ame and Address of organization	Position	Date	Salary
•				
•				
•				
	ESEARCH (Attach additional sheets assessment and Plans :			
Ro	esearch Interests and Plans :			
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PI 1	UBLICATIONS (Include full titles an necessary, or a min Books: Articles in Professional Journals:	d names of co-author neographed publicatio	rs. Attach additional shon list)	eets if

3. Other Schola	ly Papers :	
ACADEMIC HC	NORS :	
MEMBERSHIP	N PROFESSIONAL SOC	CIETIES :
REFERENCES:		
Family Name	First Name	Address
Name, Address a	nd Telephone Number of I	Person to be contacted in case of emergency:
Please add any information that you deem useful for the record :		
If appointed I agramended from tir	ee to abide by the Rules, F	Regulations and Bylaws of the University as they to ble laws of Lebanon.
		Signature: