

**MAIN CAMPUS**  
ZOUK MOSBEH

**NORTH LEBANON CAMPUS**  
BARSA - KOURA

**SHOUF CAMPUS**  
DEIR EL KAMAR

Dear Applicant,

Please find below the required documents for graduate application to NDU:

- Application Form, submitted online (<https://sis.ndu.edu.lb/iApply>) or by hand to the Office of Admissions;
- A certified copy of the Bachelor Degree and its equivalence (NDU graduates should submit a non-certified copy);
- An Official Transcript of the undergraduate record;
- Two Letters of Recommendation (1 Academic and 1 Professional);
- A photocopy of the National Identity Card or Passport;
- Two recent passport-size photos; and
- A certified copy of the Lebanese Baccalaureate Part II or its equivalence (excluding NDU graduates).

**Applicants must either sit for the NDU English Entrance Exam or submit scores of external exams (TOEFL or IELTS) except for graduates of English language institutions**

MBA applicants must additionally submit:

- Official GMAT or GRE score (excluding applicants holding doctoral degrees);
- Curriculum Vitae; and
- Employment Certificate.

MS in Engineering applicants must additionally submit:

- Official GRE score;
- Curriculum Vitae.

**Applicants must submit original or certified copies of all the required documents. All submitted documents, whether the applicant has been accepted or not, become the property of NDU**

APPLICATION  
FEE

**L.L. 200,000**  
(USD 133)

ENTRANCE  
EXAMINATION FEES

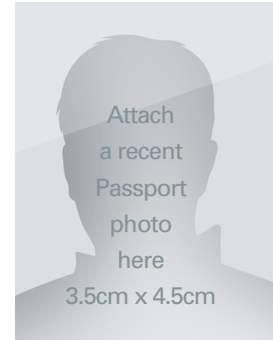
English Exam  
**L.L. 75,000**  
(USD 50)

**ALL FEES ARE  
NON-REFUNDABLE**



## APPLICATION FOR ADMISSION TO GRADUATE STUDY

Please read instructions before completing this application



All applicants are considered on the basis of their qualifications regardless of race, color, gender, disability, religion, age or national origin.

1. \_\_\_\_\_  
إسم الأب                      الإسم الأول                      العائلة                      الإسم الكامل

2. Full Name \_\_\_\_\_  
Family                      First                      Middle (or Father's)  
\_\_\_\_\_  
Mother's First Name                      Family

3. Country of Birth                      District / Caza                      City  
\_\_\_\_\_  
\_\_\_\_\_

4. Date of Birth                      \_\_\_\_\_  
Day                      Month                      Year

5. Nationality                      \_\_\_\_\_  
1<sup>st</sup>                      2<sup>nd</sup>                      Chosen

6. Register Number رقم السجل \_\_\_\_\_ Passport Number \_\_\_\_\_  
For Lebanese students                      For International students

7. Religion (Optional) \_\_\_\_\_ 8. Sect (Optional) \_\_\_\_\_

9. Gender                      Male                       Female



10. Home Address \_\_\_\_\_

Bldg./ No. Street Town District/Caza Country

Phone # \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

11. Parents' Profession \_\_\_\_\_

Father

Company Name

Mother

Company Name

12. Do you benefit from any governmental health system? Yes  No

If yes, please specify:

1. Public Sector موظفي الدولة صندوق تعاونية  2. Army السلك العسكري
3. NSSF الصندوق الوطني للضمان الاجتماعي  4. Municipality البلديات
5. Lebanese University صندوق تعاضد افراد الهيئة التعليمية في الجامعة اللبنانية  6. Judge صندوق تعاضد القضاة

N.B.: Kindly make sure to pass by the Department of Social Security – SAO for “clearance”  
**prior** to payment and registration (check the attached documents on the back of this application).

13. Date you expect to join NDU  Fall  Spring  Year \_\_\_\_\_

Campus of your choice  Main, Zouk Mosbeh  NLC, Barsa  Shouf, Deir El-Kamar

14. Were you previously enrolled at NDU? No  Yes  Date \_\_\_\_\_

Student ID No. \_\_\_\_\_ Day Month Year

15. How did you hear about NDU? (you may choose more than one answer)

- Work supervisor  Office of Alumni Affairs
- Professor/Advisor  Online search
- Family/Friends  Social Media. Please Specify \_\_\_\_\_
- Other \_\_\_\_\_

16. What influenced you to pursue your graduate education at NDU? (you may choose more than one answer)

- Quality of educational services  Proximity to/from home
- Graduate Open House  Professor/Advisor
- Preferred major  Family/Friends
- Other \_\_\_\_\_



17. List Secondary Schools or Universities last attended and dates of attendance

Name of College/ University	Location	Dates of Attendance	

18. Identify the strand of your Baccalaureate Part II \_\_\_\_\_

19. List academic distinctions, awards, or prizes you hold, if any \_\_\_\_\_

20. List extracurricular activities, if any \_\_\_\_\_

21. List below your work experience

Company Name	Job Role	Inclusive Dates	
		From	To

22. Do you have any physical disability? Yes  No

If yes, please specify and attach supporting documents \_\_\_\_\_

Do you require special assistance? Yes  No

23. Do you have any relatives or Alumni at NDU? Yes  No

If yes, please specify \_\_\_\_\_  
 First Name \_\_\_\_\_ Father's Name \_\_\_\_\_ Last Name \_\_\_\_\_

Position/Relation \_\_\_\_\_

Indicate your choice of Faculty and Major. Choose one Faculty and one major

#### Faculty of Architecture, Art and Design (FAAD)

- |  |            |
|--|------------|
| <input type="checkbox"/> 102 - Master of Arts in Design                          | 36 credits |
| <input type="checkbox"/> 142 - Master of Arts in Music                           | 36 credits |
| <input type="checkbox"/> 268 - Master in Architecture – Sustainable Architecture | 30 credits |
| <input type="checkbox"/> 267 - Master in Architecture – Urban Design             | 30 credits |

#### Faculty of Business Administration and Economics (FBAE)

- |   |            |
|---|------------|
| <input type="checkbox"/> 3-Master of Business Administration (General M.B.A.) | 39 credits |
| Master of Business Administration (M.B.A.) with the following emphasis        |            |
| <input type="checkbox"/> 127 - Finance  | 39 credits |
| <input type="checkbox"/> 128 - Human Resources Management                     | 39 credits |
| <input type="checkbox"/> 206 - Project Management                             | 39 credits |
| <input type="checkbox"/> 188-Master of Science in Financial Risk Management   | 30 credits |
| <input type="checkbox"/> 198-Master of Science in Business Strategy           | 30 credits |

#### Faculty of Engineering (FE)

- |   |            |
|---|------------|
| <input type="checkbox"/> 260 - Master of Science in Civil Engineering                   | 30 credits |
| <input type="checkbox"/> 262 - Master of Science in Electrical and Computer Engineering | 30 credits |
| <input type="checkbox"/> 264 - Master of Science in Mechanical Engineering              | 30 credits |

#### Faculty of Humanities (FH)

- |  |            |
|--|------------|
| Master of Arts in English Language & Literature with the following emphasis          |            |
| <input type="checkbox"/> 27 - Applied Linguistics and TEFL                           | 30 credits |
| <input type="checkbox"/> 28 - Literature   | 30 credits |
| Master of Arts in Translation with the following emphasis                            |            |
| <input type="checkbox"/> 184 - Translation   | 36 credits |
| <input type="checkbox"/> 194 - Interpretation  | 36 credits |
| Master of Arts in Media Studies with the following emphasis                          |            |
| <input type="checkbox"/> 204 - Television Management and Production                  | 39 credits |
| <input type="checkbox"/> 205 - Electronic Journalism and Public Relations            | 39 credits |
| <input type="checkbox"/> 123 - Advertising   | 39 credits |
| Master of Arts in Education with the following emphasis                              |            |
| <input type="checkbox"/> 136 - School Management and Educational Leadership          | 33 credits |
| <input type="checkbox"/> 137 - Special Education                                     | 33 credits |
| <input type="checkbox"/> 138 - Educational Technology                                | 33 credits |
| <input type="checkbox"/> 171 - Master of Arts in Psychology - Educational Psychology | 36 credits |

#### Faculty of Natural and Applied Sciences (FNAS)

- |  |            |
|--|------------|
| <input type="checkbox"/> 18 - Master of Sciences in Computer Science       | 30 credits |
| <input type="checkbox"/> 181 - Master of Sciences in Biology               | 36 credits |
| <input type="checkbox"/> 182 - Master of Sciences in Financial Mathematics | 33 credits |
| <input type="checkbox"/> 67 - Master of Sciences in Mathematics            | 33 credits |
| <input type="checkbox"/> 174 - Master of Sciences in Astrophysics          | 36 credits |
| <input type="checkbox"/> 197 - Master of Sciences in Industrial Chemistry  | 36 credits |
| <input type="checkbox"/> 265 - Master of Sciences in Actuarial Sciences    | 30 credits |

#### Faculty of Nursing and Health Sciences (FNHS)

- |  |            |
|--|------------|
| <input type="checkbox"/> 193 - Master of Science in Human Nutrition                    | 35 credits |
| <input type="checkbox"/> 203 - Master of Science in Food Safety and Quality Management | 36 credits |



(MUST BE IN A SEALED ENVELOPE)

## RECOMMENDATION FOR THE DEGREE OF MA/MBA/MS

Family Name Of Applicant \_\_\_\_\_

First Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Day Month Year

Applying for  MA  MBA  MS Emphasis\* \_\_\_\_\_  Fall  Spring Year \_\_\_\_\_

Thank you for taking the time to write on behalf of this candidate who is applying to the MA/MS/MBA program. We value your direct contact with the candidate, and this will contribute to distinguishing the most suitable candidates from among a pool of well-qualified young professionals. We ask for your personal and candid opinion on the candidate's personal qualities and his/her potential for graduate work. Please answer the questions listed on the back of this form and return it to the candidate, in a sealed envelope with your signature across the seal. We suggest you retain a copy for your records. The candidate will submit the sealed and signed envelope to NDU as part of the complete application. You may wish to submit your recommendation directly to the NDU Office of Admissions. The contents of your recommendation will not be communicated to any person who is not directly involved in the admissions process, nor to the candidate. We appreciate your efforts on behalf of the candidate.

### Details of Person Completing this Form

Family Name \_\_\_\_\_

First Name \_\_\_\_\_

Department \_\_\_\_\_

Title \_\_\_\_\_

Street \_\_\_\_\_

Town \_\_\_\_\_

Postal Code \_\_\_\_\_

Country \_\_\_\_\_

Telephone \_\_\_\_\_

Mobile \_\_\_\_\_

E-Mail \_\_\_\_\_

How long and in what capacity have you known the candidate? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

P.S. - Since NDU reserves the right to verify all credentials and information on a candidate's file, please ensure you have indicated all your contact information.

\* To be specified by the applicant.

How do you rate the candidate on the following criteria

	Outstanding Top 10%	Very Good	Above Average	Average	Below Average	Unobserved
Competence						
Professionalism						
Achievement						
Readiness To Use Opportunities For Achievement						
Creativity And Resourcefulness						
Intellectual Curiosity						
Energy And Drive						
Personal Integrity						
Ability To Work In A Team						
Leadership Qualities						
Others						

How do you rate the candidate's potential for becoming a responsible and successful career person compared with others whom you have known in a similar capacity?

- Excellent                       Very Good                       Above Average  
 Average                       Below Average                       Not Applicable

Comment on the candidate's career progress to date and his/her career focus: \_\_\_\_\_

\_\_\_\_\_

What do you consider to be the candidate's major strengths and weaknesses?

Strengths \_\_\_\_\_

Weaknesses \_\_\_\_\_

Comment on the candidate's potential for graduate research ability: \_\_\_\_\_

\_\_\_\_\_

Additional comments that may assist the Graduate Admissions Committee in its final decision

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



(MUST BE IN A SEALED ENVELOPE)

## RECOMMENDATION FOR THE DEGREE OF MA/MBA/MS

Family Name Of Applicant \_\_\_\_\_

First Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Day Month Year

Applying for  MA  MBA  MS Emphasis\* \_\_\_\_\_  Fall  Spring Year \_\_\_\_\_

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### Details of Person Completing this Form

Family Name \_\_\_\_\_

First Name \_\_\_\_\_

Department \_\_\_\_\_

Title \_\_\_\_\_

Street \_\_\_\_\_

Town \_\_\_\_\_

Postal Code \_\_\_\_\_

Country \_\_\_\_\_

Telephone \_\_\_\_\_

Mobile \_\_\_\_\_

E-Mail \_\_\_\_\_

How long and in what capacity have you known the candidate? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

P.S. - Since NDU reserves the right to verify all credentials and information on a candidate's file, please ensure you have indicated all your contact information.

\* To be specified by the applicant.

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Energy And Drive						
Personal Integrity						
Ability To Work In A Team						
Leadership Qualities						
Others						

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 Average                       Below Average                       Not Applicable

Comment on the candidate's career progress to date and his/her career focus: \_\_\_\_\_

\_\_\_\_\_

What do you consider to be the candidate's major strengths and weaknesses?

Strengths \_\_\_\_\_

Weaknesses \_\_\_\_\_

Comment on the candidate's potential for graduate research ability: \_\_\_\_\_

\_\_\_\_\_

Additional comments that may assist the Graduate Admissions Committee in its final decision

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**RESULTS OF ENTRANCE EXAMINATIONS**

Name of Applicant

\_\_\_\_\_ Family Name      \_\_\_\_\_ First Name      \_\_\_\_\_ Father's Name  
 1 \_\_\_\_\_ Exam Date      2 \_\_\_\_\_ Exam Date      3 \_\_\_\_\_ Exam Date

	SCORE	SCORE	SCORE
English			
EET			
TOEFL			
Others			
GRE			
GMAT			

Admissions Office Comments \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_ Name      \_\_\_\_\_ Signature      \_\_\_\_\_ Date

Faculty Graduate Committee Comments \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_ Name      \_\_\_\_\_ Signature      \_\_\_\_\_ Date

Please turn over the page



الصندوق الوطني  
للضمان الإجتماعي

I.D.#: \_\_\_\_\_

Major: \_\_\_\_\_

D.O.B.: \_\_\_\_\_

تصريح عن طالب جامعي

(يملأ هذا التصريح من قبل إدارة الجامعة وعلى مسؤوليتها)

<p>يملأ هذا التصريح عند تسجيل الطالب في الجامعة الذي لم يسبق أن سجل في الصندوق الوطني للضمان الإجتماعي لفرع ضمان المرض والأمومة</p> <p>إذا سبق للطالب أن سجل في الصندوق الوطني تملأ باسمه مطبوعة "إعلام عن طالب مسجل".</p> <p>يرفق بهذا التصريح تعهد بعدم الاستفادة من تقديمات ضمان المرض والأمومة بطريقة أخرى وصورة طبق الأصل عن القيد العائلي للطالب الذي لم يتجاوز الـ ٢٥ سنة من العمر وإخراج القيد الإفرادي إذا كان فوق الـ ٢٥ سنة من العمر وإخراج قيد عائلي للطالب المتزوج.</p> <p>يجب أن لا تتعدى فترة تقديم التصريح شهراً واحداً من تاريخ التسجيل.</p>	<p>١- بيانات</p>															
<p>حقل مخصص للصندوق</p> <p>رقم الطالب</p> <table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> <p>الاختصاص الحالي</p> <table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> <p>الاختصاص السابق</p> <table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>													<p>٢- معلومات عن الطالب وجامعته</p> <p>أشطب العبارة غير المناسبة)</p> <p>اسم الجامعة / المعهد العالي: جامعة سيدها اللويزة</p> <p>اسم المعهد / الكلية: _____</p> <p>رقم المعهد / الكلية في الصندوق: <table border="1"><tr><td>٢٣</td><td>٨٧</td><td>٠٠٤</td></tr></table></p> <p>عنوان المعهد / الكلية: زوق مصبح</p> <p>اسم الطالب وشهرته: _____ (نقلًا عن بطاقة الهوية)</p> <p>الجنس: ذكر <input type="checkbox"/> أنثى <input type="checkbox"/></p> <p>الوضع العائلي: أعزب <input type="checkbox"/> متاهل <input type="checkbox"/></p> <p>اسم الأب: _____ اسم الأم وشهرتها: _____</p> <p>تاريخ ومحل الولادة: (يذكر اليوم والشهر والسنة) _____</p> <p>القضاء: _____ السجل: _____</p>	٢٣	٨٧	٠٠٤
٢٣	٨٧	٠٠٤														
	<p>٣- عنوان الطالب</p> <p>عنوان السكن: المحافظة: _____ القضاء: _____</p> <p>المحلة: _____ الشارع: _____ البناية: _____</p>															
	<p>٤- الوضع الدراسي الحال</p> <p>تاريخ التسجيل في الجامعة: / / ٢٠١٩ / العام الدراسي: ٢٠٢٠ / ٢٠١٩</p> <p>السنة المنهجية: _____ اختصاص: _____</p> <p>تاريخ بدء الاختصاص: _____ مدة الاختصاص: _____</p> <p>الأعوام الدراسية التي سجل فيها الطالب في الاختصاص: _____</p> <p>ملاحظة: إن عميد الجامعة يثبت أن الطالب المصرح عنه أعلاه قد سدد الإشتراكات المتوجبة عليه لفرع ضمان المرض والأمومة عن السنة الجامعية: ٢٠٢٠ / ٢٠١٩ عن نفسه وقيمتها: / ٢٠٢٠,٥٠٠ / ل.ل. وعن عائلته، وقيمتها: _____ ل.ل.</p> <p>زوق مصبح في _____ خاتم المؤسسة _____ توقيع رئيس المعهد أو مدير الفرع _____</p> <p>صفة المفوض بالتوقيع _____ الاسم: _____ التوقيع: _____</p> <p>الصفة: مدير إداري</p>															

Form A1

إن المؤسسة الجامعية مسؤولة عن تسديدها الاشتراكات للصندوق خلال شهر من تاريخ التسجيل

## (يملأ هذا الحقل من قبل الطالب وعلى مسؤوليته)

- تاريخ حصولك على البكالوريا القسم الثاني أو ما يعادلها: \_\_\_\_\_
- صفة الاستفادة السابقة من تقديمات ضمان المرض والأمومة بطريقة أخرى  
- على عاتق الوالد (أو الوالدة)، رقمه في الصندوق / غيره \_\_\_\_\_
- بصفتك الشخصية، رقمك في الصندوق / غيره \_\_\_\_\_
- الأعوام الدراسية السابقة قبل دخولك الجامعة أو المعهد الحالي: \_\_\_\_\_

توقيع الطالب: \_\_\_\_\_

## إرشادات

يخضع الطالب الجامعي اللبناني لفرع ضمان المرض والأمومة بصورة إلزامية إذا توفرت فيه الشروط الواردة في المرسوم رقم ٦٧٨٥ تاريخ ١٧/١٢/٧٣.

- أن يكون مسجلاً لدى إحدى الجامعات والمعاهد العليا المرخص لها في لبنان.
- أن يكون مقيماً في لبنان.
- أن لا يتجاوز الثلاثين من عمره.
- أن لا يكون مستفيداً بصفته الشخصية أو بالتبعية من أية تقديمات عناية طبية في حالتي المرض والأمومة يؤمنها أي نظام إلزامي آخر.
- أن يسدد قيمة الاشتراك المتوجب عنه، وعن كل من زوجته وأولاده عند الاقتضاء، إلى إدارة الجامعة عند التسجيل وتكون هذه المؤسسات مسؤولة عن تسديد الاشتراكات للصندوق خلال شهر من تاريخ التسجيل.

## ملاحظات

- يتوجب على الطلاب الذين لا تتوفر فيهم الشروط الواردة أعلاه تقديم  تصريح الاستفادة  فقط.
- ويتوجب على الجامعة تقديم التصاريح خلال شهر من تاريخ التسجيل.
- إن تقديم معلومات غير صحيحة تتعلق بالاستفادة من دون وجه حق تعرض صاحبها للعقوبات المنصوص عليها في أحكام مواد قانون الضمان الاجتماعي لا سيما المادة ٨١ منه.

# الصندوق الوطني للضمان الإجتماعي

## تعهد عدم استفادة

حضرة المدير العام للصندوق الوطني للضمان الاجتماعي

أنا الموقع اسمي أدناه \_\_\_\_\_ ، المولود عام \_\_\_\_\_  
أتعهد بأنني لا أستفيد من تقديمات الصندوق الوطني للضمان الاجتماعي ومن تقديمات  
تعاونية موظفي الدولة ومن أية جهة رسمية أخرى.

يضاف إلى ذلك بالنسبة للطالب المتأهل:

كذلك فإنني أتعهد بأن زوجتي \_\_\_\_\_ ، المولود عام \_\_\_\_\_  
لا تستفيد من تقديمات الصندوق الوطني للضمان الاجتماعي ومن تقديمات تعاونية موظفي  
الدولة.

وفي حال ثبوت العكس أتحمل كافة المسؤولية المترتبة علي تجاه الصندوق.

بيروت في: \_\_\_\_\_

توقيع الطالب: \_\_\_\_\_

I.D.#: \_\_\_\_\_  
Major: \_\_\_\_\_  
D.O.B.: \_\_\_\_\_

## الصندوق الوطني للضمان الإجتماعي

### تصريح استفادة

(يملأ هذا التصريح من قبل الطالب وعلى مسؤوليته)

حضرة مدير عام الصندوق الوطني للضمان الاجتماعي

أنا الموقع أدناه \_\_\_\_\_، أصرّح بأنني أستفيد<sup>(1)</sup>

١- من تقديمات الصندوق الوطني للضمان الاجتماعي بكوني أجيراً مسجلاً

--	--

تحت الرقم

٢- من تقديمات تعاونية موظفي الدولة واحمل الرقم المالي \_\_\_\_\_

٣- بكون والدي \_\_\_\_\_ مسجلاً في الصندوق

--	--

تحت الرقم

يحمل الرقم المالي \_\_\_\_\_ في تعاونية موظفي الدولة.

٤- الحالات الأخرى: \_\_\_\_\_

بيروت في: \_\_\_\_\_

توقيع الطالب: \_\_\_\_\_