

**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 (if Lebanese) or Passport (if foreign);
- 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.

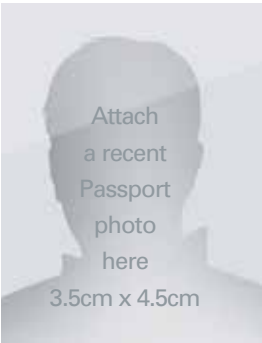
**Applicants must submit original or certified copies of all the required documents. All submitted documents, whether the applicant has been accepted or not, become the property of NDU**

APPLICATION FEE	ENTRANCE EXAMINATION FEES	ALL FEES ARE NON-REFUNDABLE
<b>LBP 200,000</b>	English Exam <b>LBP 75,000</b>	
(USD 133)	(USD 50)	



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.

الاسم الكامل

إسم الأب

إسم الأول

العائلة

\*

Should be filled according to passport/ID

2.

Full Name

Family

First

Middle (or Father's)

Mother's First Name

Mother's Family Name

\*

Should be filled according to passport/ID

3.

Country of Birth

District

Caza

City

\*

Should be filled according to passport/ID

4.

Date of Birth

Day

Month

Year

5.

Nationality

At birth

2<sup>nd</sup>

Chosen

6.

Register Number

(For Lebanese students)

District

Caza

City

Passport Number

Issuing Authority

7.

Marital Status

Single

Married

Separated

Divorced

Widow (er)

8.

Religion (Optional)

Sect (Optional)

9.

Gender

Male

Female



10. Home Address

Bldg./ No. Street Town District/Caza Country  
Phone # Mobile  
Email Instagram account

11. Parents' Profession

Father Mobile Company Name  
Mother Mobile Company Name

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

If yes, please specify:

- ☐ 1. Public Sector صندوق الدولة 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. Semester 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 ☐ Family ☐ Social Media. Please Specify  
☐ Professor/Advisor ☐ Friends ☐ Other  
☐ Office of Alumni Affairs ☐ Online search

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

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

17. List Secondary Schools or Universities last attended and dates of attendance (starting with the most recent)

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. Are you physically challenged? Yes No

If yes, please specify and attach supporting documents

Do you require special assistance? Yes No

23. Are any of your parents an NDU Alumni member? Yes No

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

24. Are any of your relatives employed at NDU? Yes No

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

Position Relation

25. Who will be covering your tuition fees at the university?

Name Relation

Mobile Email

Ramez G. Chagoury Faculty of Architecture, Arts and Design (FAAD)

Faculty of Business Administration and Economics (FBAE)

Master of Business Administration (M.B.A.) with the following emphasis

☐ 188-Master of Science in Financial Risk Management 30 credits

Faculty of Engineering (FE)

<input type="checkbox"/> 262 - Master of Science in Electrical and Computer Engineering	30 credits
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Faculty of Humanities (FH)

☐ 204 - Television Management and Production 39 credits

<input type="checkbox"/>	205 - Electronic Journalism and Public Relations	39 credits
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☐ 123 - Advertising 39 credits

<input type="checkbox"/>	136 - School Management and Educational Leadership	33 credits
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☐ 137 - Special Education 33 credits

☐ 138 - Educational Technology 33 credits

☐ 171 - Master of Arts in Psychology - Educational Psychology 36 credits

Faculty of Natural and Applied Sciences (FNAS)

18 - Master of Sciences in Computer Science 30 credits

<input type="checkbox"/> 181 - Master of Sciences in Biology	36 credits
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<input type="checkbox"/>	67 - Master of Sciences in Mathematics	33 credits
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<input type="checkbox"/>	265 - Master of Sciences in Actuarial Sciences	30 credits
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Faculty of Nursing and Health Sciences (FNHS)

☐ 193 - Master of Science in Human Nutrition 35 credits

<input type="checkbox"/>	203 - Master of Science in Food Safety and Quality Management	36 credits
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☐ 104 - Master of Arts in Political Science with the following emphasis 36 credits

□ 144 - NGOs 36 credits

□ 178 - Human Rights 36 credits

☐ 107 - Master of Arts in International Affairs & Diplomacy with the following emphasis 36 credits

<input type="checkbox"/> 105 - International Law	36 credits
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☐ 106 - Master of Arts in Public Administration 36 credits

<input type="checkbox"/> 207 - Certificate in Legal and Regulatory Compliance	6 credits
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<input type="checkbox"/> 199 - Certificate in Anti-Money Laundering and Counter-Terrorism Financing Compliance	6 credits
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Write about your personal and educational background and your expectations from a graduate education at NDU

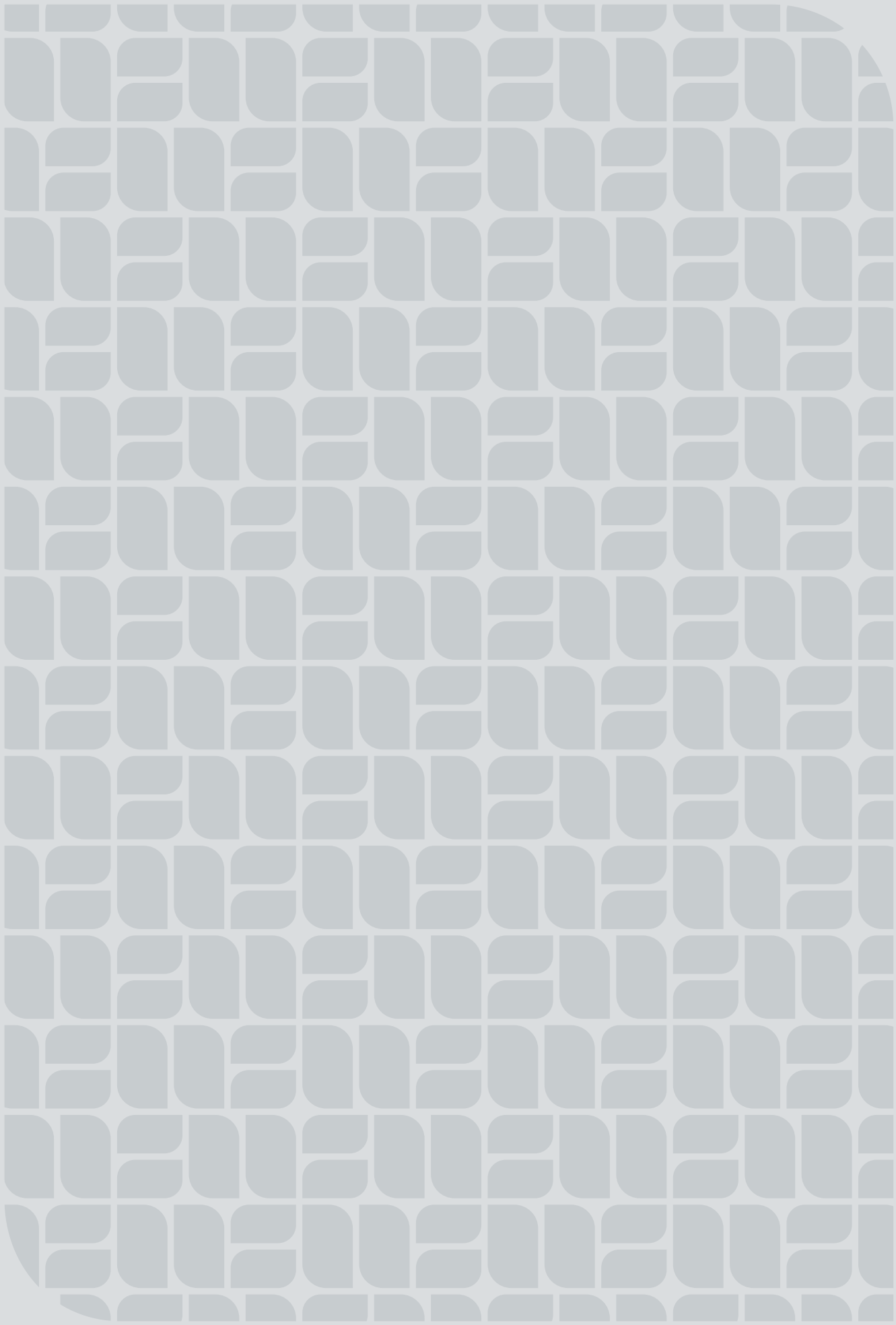
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I further understand that any misrepresentation or the withholding of information or documents may result in immediate suspension and renders me liable to legal action.

Date \_\_\_\_\_

Full Name

Signature



OFFICE OF ADMISSIONS

(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



OFFICE OF ADMISSIONS

(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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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						
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Ability To Work In A Team						
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Others						

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- ☐ Above Average
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- ☐ Below Average
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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

FOR OFFICE USE ONLY

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

## للضمان الاجتماعي

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

(يملأ هذا التصريح من قبل إدارة الجامعة وعلى مسؤوليتها)

- ١٠٠

## حقل مخصص للصندوق

- ٢- معلومات عن الطالب وجامعته

- ٢- عنوان الطالب

- ## ٤- الوضع الدراسي الحال

الاسم: \_\_\_\_\_

الصفة: مدير إداري

صفة المفوض بالتوقيع

التوقيع: \_\_\_\_\_

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

[illegible]

Date \_\_\_\_\_



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: \_\_\_\_\_

٥- الموقع الدراسي  
رقم:

(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 استفادة □ 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.

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>(١)</sup>

١- من تقديمات الصندوق الوطني للضمان الاجتماعي بكوني أجيراً مسجلاً

تحت الرقم

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

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

تحت الرقم

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

٤- الحالات الأخرى: \_\_\_\_\_

\_\_\_\_\_

بيروت في: \_\_\_\_\_

توقيع الطالب: \_\_\_\_\_

\_\_\_\_\_

