

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, downloaded from the website <https://www.ndu.edu.lb/admissions/graduate/application> and completed. Either submitted by hand to the Office of Admissions or sent by email to admission@ndu.edu.lb;
- 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:

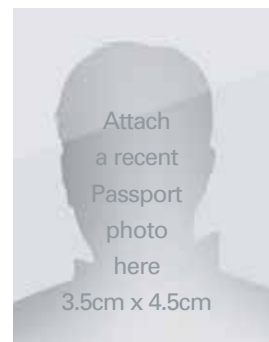
- Official GRE score;
- Curriculum Vitae.

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 FEE	ALL FEES ARE NON-REFUNDABLE
LBP 500,000	English Exam LBP 200,000	

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.	_____	_____	_____	الإسم الكامل
	إسم الأب	الإسم 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 nd	Chosen
6.	Register Number	_____ (For Lebanese students)		
	District	_____	Caza	_____
	City	_____		
	Passport Number	_____	Issuing Authority	_____
7.	Marital Status	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Separated <input type="checkbox"/>
		Divorced <input type="checkbox"/>	Widow (er) <input type="checkbox"/>	
8.	Religion (Optional)	_____		
	Sect (Optional)	_____		
9.	Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	



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 موظفي الدولة صندوق تعاضد

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 _____

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

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

- 268 - Master in Architecture – Sustainable Architecture 30 credits
- 102 - Master of Arts in Design 36 credits

Faculty of Business Administration and Economics (FBAE)

- 3-Master of Business Administration (General M.B.A.) 39 credits
- Master of Business Administration (M.B.A.) with the following emphasis
 - 206 - Project Management 39 credits
 - 188-Master of Science in Financial Risk Management 30 credits
 - 198-Master of Science in Business Strategy 30 credits

Faculty of Engineering (FE)

- 260 - Master of Science in Civil Engineering 30 credits
- 262 - Master of Science in Electrical and Computer Engineering 30 credits
- 264 - Master of Science in Mechanical Engineering 30 credits

Faculty of Humanities (FH)

- Master of Arts in Media Studies with the following emphasis
 - 204 - Television Management and Production 39 credits
 - 205 - Electronic Journalism and Public Relations 39 credits
 - 123 - Advertising 39 credits
- Master of Arts in Education with the following emphasis
 - 136 - School Management and Educational Leadership 33 credits
 - 137 - Special Education 33 credits
 - 138 - Educational Technology 33 credits
- Master of Arts in English Language & Literature with the following emphasis
 - 27 - Applied Linguistics & TEFL 30 credits
 - 28 - Literature 30 credits
- Master of Arts in Translation with the following emphasis
 - 194 - Interpretation 36 credits
 - 184 - Translation 36 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
- 181 - Master of Sciences in Biology 36 credits
- 67 - Master of Sciences in Mathematics 33 credits
- 265 - Master of Sciences in Actuarial Sciences 30 credits

Faculty of Nursing and Health Sciences (FNHS)

- 193 - Master of Science in Human Nutrition 35 credits
- 203 - Master of Science in Food Safety and Quality Management 36 credits

Faculty of Law and Political Science (FLPS)

- 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
 - 105 - International Law 36 credits
- 106 - Master of Arts in Public Administration 36 credits

Write about your personal and educational background and your expectations from a graduate education at NDU

I, the undersigned, hereby certify that all the information provided in this application is, to the best of my knowledge, complete and accurate. I confirm that the name provided within this application is as stated on my passport and/or official documents. It can be modified by virtue of a petition that I sign and submit at the Office of the Registrar. Upon issuance of my degree, the name cannot be changed for any reason whatsoever.

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

(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

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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 _____ 2 _____ 3 _____
 Exam Date Exam Date Exam Date

	SCORE	SCORE	SCORE
English			
EET			
TOEFL			
Others			
GRE			
GMAT			

Admissions Office Comments _____

_____ Name _____ Signature _____ Date

Faculty Graduate Committee Comments _____

_____ Name _____ Signature _____ Date

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- إيضاحات</p>																
<p>حقل مخصص للصندوق</p> <p>رقم الطالب</p> <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table> <p>الاختصاص الحالي</p> <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table> <p>الاختصاص السابق</p> <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>													<p>(أشطب العبارة غير المناسبة)</p> <p>اسم الجامعة / المعهد العالي: جامعة سيده اللويزة</p> <p>اسم المعهد / الكلية: _____</p> <p>رقم المعهد / الكلية في الصندوق: <table border="1" style="display: inline-table; text-align: center;"> <tr> <td style="width: 20px;">٢٣</td> <td style="width: 20px;">٨٧</td> <td style="width: 20px;">٠٠٤</td> </tr> </table></p> <p>عنوان المعهد / الكلية: زوق مصبح</p> <p>اسم الطالب وشهرته: _____ (نقلًا عن بطاقة الهوية)</p> <p>الجنس: <input type="checkbox"/> ذكر <input type="checkbox"/> أنثى</p> <p>الوضع العائلي: <input type="checkbox"/> أعزب <input type="checkbox"/> متاهل</p> <p>اسم الأب: _____ اسم الأم وشهرتها: _____</p> <p>تاريخ ومحل الولادة: (يذكر اليوم والشهر والسنة) _____</p> <p>القضاء: _____ السجل: _____</p>	٢٣	٨٧	٠٠٤	<p>٢- معلومات عن الطالب وجامعة</p>
٢٣	٨٧	٠٠٤															
	<p>عنوان السكن: المحافظة: _____ القضاء: _____</p> <p>المحلة: _____ الشارع: _____ البناية: _____</p>	<p>٣- عنوان الطالب</p>															
	<p>٤- الوضع الدراسي الحال</p> <p>تاريخ التسجيل في الجامعة: _____ / _____ / ٢٠٢١ العام الدراسي: ٢٠٢١/٢٠٢٢</p> <p>السنة المنهجية: _____ اختصاص: _____</p> <p>تاريخ بدء الاختصاص: _____ مدة الاختصاص: _____</p> <p>الأعوام الدراسية التي سجل فيها الطالب في الاختصاص: _____</p>	<p>٤- ملاحظة: إن عميد الجامعة يثبت أن الطالب المصرح عنه أعلاه قد سدد الإشتراكات المتوجبة عليه لفرع ضمان المرض والأمومة عن السنة الجامعية: ٢٠٢١/٢٠٢٢ 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>															

(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 ١٧/١٢/٧٢.

- 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.

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 الاجتماعي

تصريح استفادة

(يملأ هذا التصريح من قبل الطالب وعلى مسؤوليته)

حضرة مدير عام الصندوق الوطني للضمان الاجتماعي

أنا الموقع أدناه _____، أصرّح بأنني أستفيد⁽¹⁾

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: _____