Université Saint-Joseph de Beyrouth
Faculté de médecine
Institut supérieur de santé publique

University Diploma (DU) in
Development and Organization of Mental Health Services

Application Form – Cohort 3 – 2026

Instructions:

Complete and sign one application form and submit along with the following documents Applications are to be submitted in person by the candidate themselves or by someone on their behalf at the ISSP Offices (Bldg. E, 3rd floor, USJ Medical Sciences Campus – Mathaf, Beirut).

- ❑ Certified copy of the Lebanese Baccalaureate or its equivalent
- ❑ Certified copy of previous university degree(s)
- ❑ Official transcript of grades per completed program
- ❑ Copy of an official identification document (civil status extract, identity card, or passport)
- ❑ Letter of employment (if applicable)
- ❑ Updated Curriculum Vitae
- ❑ Motivation Letter
- ❑ Application fees: 100 USD

Once admitted, students under 30 years of age must complete their files with the below document:

- ❑ Certificate of Social Security Registration from the NSSF central management (Mazraa)

Attach 2 passport-sized photos, dating less than 6 months

Reserved for Administration Use Only. Do NOT write anything here. **Matricule:** _____

☐ **Candidate Admitted** ☐ **Candidate Waitlisted** ☐ **Candidate Not Admitted**

Reason: _____

_____

Date: **Name and Signature of Admission Committee Members**

I – PERSONAL INFORMATION:

SURNAME[1]**:** _____

First Name: _____ **Father's Name:** _____

Gender: ☐ Man ☐ Woman **Mother's Name:** _____

Date of Birth[2]**:** ___ / ___ / _____ **Place of Birth:** _____

Civil Status Registry Number: _____ **Region:** _____

Nationality[3]**:** _____

Address: _____

Phone Number[4]**:** _____ **Cellphone:** _____

Email Address: _____

II – EMERGENCY CONTACT PERSON(S):

SURNAME, Name:
_____

Relation to candidate:
_____

Phone Number:
_____

Email:
_____

SURNAME, Name:
_____

Relation to candidate:
_____

Phone Number:
_____

Email:
_____

[1] Please write in BLOCK LETTERS. Please use maiden name for married candidates.
[2] Please use DD / MM / YYYY format for all date fields in this document.
[3] Please list primary and all secondary nationalities (if applicable)
[4] If international candidate, please specify country code.

III – HIGH SCHOOL EDUCATION:

School attended during Baccalaureate year: _____

Baccalaureate section: _____

☐ Lebanese

☐ None-Lebanese, please specify:

_____

Year: _____ Session: _____ Candidate N°: _____ Certificate N°: _____

IV – UNIVERSITY EDUCATION:

Year	Degree	Institution	Country

V – OTHER EDUCATION AND/OR TRAINING NOT SANCTIONED BY A DEGREE

_____

_____

_____

_____

_____

VI – PROFESSIONAL EXPERIENCE

Starting from your current role, list, in reverse chronological order, all positions you have held. Use a separate box for each position. Also mention any period during which you would not have had any paid work.

A: Current Position:

From **To** **Institution:** _____

___ / ___ / _____ ___ / ___ / _____ **Position:** _____

Are you: ☐ A manager ☐ A part timer ☐ On a trial Period

Please provide a complete, precise, and clear description of your job:

_____

_____

_____

_____

B: Previous Positions:

From **To** **Institution:** _____

___ / ___ / _____ ___ / ___ / _____ **Position:** _____

From **To** **Institution:** _____

___ / ___ / _____ ___ / ___ / _____ **Position:** _____

From **To** **Institution:** _____

___ / ___ / _____ ___ / ___ / _____ **Position:** _____

VII – ADDITIONAL INFORMATION

A – Languages:

Use: A for Excellent, B for Good, C for Fair, and D for Weak

		Read	Write	Speak	Understand
Arabic					
French					
English					
Other languages:					

B – Software:

Use A for Excellent, B for Good, C for Fair, and D for Weak

		A	B	C	D
Microsoft Word					
Microsoft Excel					
Microsoft PowerPoint					
SPSS					
Other Software:					

C – What would be the impact of this program on your current / future career?

_____

_____

_____

D – Do you have any active medical condition(s) and/or disability? Specify below:

_____

_____

Have you applied to another institution and/or program in Lebanon and/or abroad? If yes, please specify which institution and/or program, and the reasons for this choice.

_____

_____

_____

_____

Please add here any information that you think would be of interest to the admissions committee.

_____

_____

_____

_____

Social Security

Dependent

☐ None ☐ Parents ☐ Personal ☐ Spouse

Type

☐ NSSF ☐ Lebanese Army ☐ Cooperative of State Employees
☐ Customs ☐ Municipalities ☐ Mutual of LU Professors
☐ Mutual of Judges ☐ General Security
☐ Internal Security ☐ State Security

NSSF N°: _____

الشهرة: _____

الإسم: _____

اسم الأب: _____

اسم الأم: _____

اسم المضمون: _____

I certify that the information provided in this application form is correct and accurate.

Date: ___ / ___ / _____ **Signature of the Candidate**