

UNIVERSITY OF
BALAMAND
SAINT JOHN OF DAMASCUS
INSTITUTE OF THEOLOGY



APPLICATION FOR
PhD IN THEOLOGY

-PLEASE READ THIS PAGE BEFORE FILLING OUT THE APPLICATION

ADMISSION INFORMATION

Application to the PhD program is submitted to the Office of Admissions and Registration at the St John of Damascus Institute of Theology, which receives and processes all applications, evaluates credentials, and issues notification letters. Standards under which students are admitted for study in this program are established and monitored by the Institute of Theology.

Acceptance in the PhD program is based on the candidate meeting University admission requirements and on the recommendation of the Institute's PhD Admissions Committee.

Applicants must submit all the following to the Office of Admissions and Registration:

- Three recent passport-size photographs.
- A photocopy of your identity card or passport.
- A certified copy of your Lebanese Baccalaureate Certificate, or its equivalent.
- A certified copy of your Diplomas and transcripts.
- A reference letter from Church authority.
- Two recommendation letters (Forms enclosed).
- An application Fee of 150,000 L.L. (100 U.S.D.)
- Evidence of proficiency in English language (for non native english speakers), a minimum of 600 on the paper based TOEFL or 100 on the internet based TOEFL.
- Evidence of proficiency in a modern language (other than English).
- Evidence of proficiency in an ancient language.
- The dissertation proposal (form enclosed).

The application must be submitted to the Institute of Theology before the published deadline dates. Incomplete or incorrect applications cannot be considered by the Committee. All submitted documents for admission are the property of the University and may not be reclaimed by the applicant.

Your application is valid only for the academic year to which you are applying. You must submit a new application to be considered for a semester which falls in another academic year.

Admissions Committee decision will be communicated by personal notification.

APPLICATION FOR ADMISSION IN THE PhD PROGRAM

FOR OFFICIAL USE

DO NOT WRITE IN THIS BOX

Application Number

Date Received by the Office of Admissions & Registration

Day / Month / Year

PLEASE TYPE OR PRINT BLOCK LETTERS, USING INK

I- PERSONAL AND FAMILY INFORMATION

1- Name as on Identity Card or Passport (Your name will appear in this form on all University documents, including diplomas)

(In English) _____
First Name Father's Name Last Name

(In Arabic) _____
Last Name Father's Name First Name

2- Mother's Maiden Name in Full

(In English) _____
First Name Father's Name Last Name

(In Arabic) _____
Last Name Father's Name First Name

3- Personal Status

Male

Female

Single

Married

Separated

Divorced

Widowed

4- Maiden Name (for married women)

(In English) _____
First Name Father's Name Last Name

(In Arabic) _____
Last Name Father's Name First Name

5- Date and place of Birth, as on Identity Card or Passport

Day / Month / Year City Country

6- Nationality, as on Identity Card or Passport

Nationality at Birth Present Nationality Second Nationality, if any

7- ID Number , or Passport Number

8- Family Registration Number (For Lebanese only)

9- If you have any disability or health condition which requires special consideration, please note

10- Is any member of your immediate family currently affiliated with the University? Yes No

10a. If Yes, specify

Father

Mother

Brother

Sister

Spouse

Other

10b. Position Title

Faculty

Staff

Alumnus

10c. Name(s) of Affiliated Family Member(s)

II- ADDRESS INFORMATION

HOME ADDRESS

MAILING ADDRESS (if different)

(Area Code) Telephone number

Cell Phone number

(Area Code) Telephone number

Cell Phone number

(Area Code) Fax Number

@

E-mail address

(Area Code) Fax Number

@

E-mail address

III- APPLICATION INFORMATION

1- Semester and academic year to which you are applying

Semester _____ Year _____

2- University(ies) you have attended

Name of University _____ City _____ From - To _____

Name of University _____ City _____ From - To _____

Name of University _____ City _____ From - To _____

3- Degree(s) you hold or expect to hold by the start date of the semester to which you are applying

Name of Degree in the Language it is issued _____ Date of Degree _____

4- Secondary School Certificate you hold

Name of Certificate in the Language it is issued _____ Date of Certificate _____

5- If you were previously enrolled at the University of Balamand, please specify:

Faculty _____ Major _____

Student Identification Number _____ Enrolled from (Date) to (Date) _____

6 - Language Knowledge:

	Spoken			Written			Read		
	Exc.	Good	Fair	Exc.	Good	Fair	Exc.	Good	Fair
Arabic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
French	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Spoken			Written			Read		
	Exc.	Good	Fair	Exc.	Good	Fair	Exc.	Good	Fair
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Ancient Language(s) (please specify)

Working quality		
Exc.	Good	Fair
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IV. PROFESSIONAL EXPERIENCE

COMPANY/INSTITUTE	POSITION	FROM - TO
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

V. FINANCIAL INFORMATION

1 - How do you expect to meet the cost of your tuition and other expenses at the University?

Self
 Sponsor
 Other

Please specify:

VII. FINAL STATEMENT

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

Signature of Applicant

Date



**UNIVERSITY OF BALAMAND
SAINT JOHN OF DAMASCUS INSTITUTE OF THEOLOGY**



PhD PROGRAM - RECOMMENDATION FORM

NOTE TO APPLICANT: On the line below please write your name as it appears on your application before submitting this form to the Recommender.

				<i>FOR OFFICIAL USE</i>	<i>DO NOT WRITE IN THIS BOX</i>
<i>(In English)</i>	<i>First Name</i>	<i>Father's Name</i>	<i>Last Name</i>	<i>Student ID Number</i>	
_____	_____	_____	_____		

NOTE TO RECOMMENDER: This student is applying to the University of Balamand. Please fill out this form and return it to the applicant in a sealed envelope for delivery to the Office of Admissions & Registration. Your candidness is appreciated and will help us appraise the applicant's eligibility for admission. The contents of this recommendation will be kept confidential. You may either use the provided form or write a free style letter.

<i>First Name</i>	<i>Last Name</i>
_____	_____
<i>Post</i>	<i>Address</i>
_____	_____
<i>Organisation or Institution Name</i>	<i>Address</i>
_____	_____

RECOMMENDATION

1- For Academic Referees: Evaluate and indicate how you rate the applicant in terms of academic skills and potential.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Average or Below</i>	<i>Good (Above Average)</i>	<i>Excellent</i>	<i>Outstanding</i>	<i>No Basis</i>

2 a- For Employers: Evaluate and indicate how you rate the applicant in terms of work experience and potential.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Average or Below</i>	<i>Good (Above Average)</i>	<i>Excellent</i>	<i>Outstanding</i>	<i>No Basis</i>

2 b- Do you give the applicant significant managerial responsibilities? If yes, what are they?

3 - How did you know the applicant and for how long?



PhD PROGRAM - RECOMMENDATION FORM

NOTE TO APPLICANT: On the line below please write your name as it appears on your application before submitting this form to the Recommender.

	<i>FOR OFFICIAL USE</i>	<i>DO NOT WRITE IN THIS BOX</i>
(In English) <i>First Name</i> <i>Father's Name</i> <i>Last Name</i>	<div style="border: 1px solid black; width: 100%; height: 40px; margin-bottom: 5px;"></div> <i>Student ID Number</i>	

NOTE TO RECOMMENDER: This student is applying to the University of Balamand. Please fill out this form and return it to the applicant in a sealed envelope for delivery to the Office of Admissions & Registration. Your candidness is appreciated and will help us appraise the applicant's eligibility for admission. The contents of this recommendation will be kept confidential. You may either use the provided form or write a free style letter.

<i>First Name</i>	<i>Last Name</i>
<i>Post</i>	<i>Address</i>
<i>Organisation or Institution Name</i>	<i>Address</i>

RECOMMENDATION

1 - For Academic Referees: Evaluate and indicate how you rate the applicant in terms of academic skills and potential.

<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>
<i>Average or Below</i>	<i>Good (Above Average)</i>	<i>Excellent</i>	<i>Outstanding</i>	<i>No Basis</i>

2 a- For Employers: Evaluate and indicate how you rate the applicant in terms of work experience and potential.

<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>
<i>Average or Below</i>	<i>Good (Above Average)</i>	<i>Excellent</i>	<i>Outstanding</i>	<i>No Basis</i>

2 b- Do you give the applicant significant managerial responsibilities? If yes, what are they?

3 - How did you know the applicant and for how long?



UNIVERSITY OF BALAMAND
SAINT JOHN OF DAMASCUS INSTITUTE OF THEOLOGY



PhD PROGRAM - DISSERTATION PROPOSAL FORM

Candidate's Full Name: _____

Field of Specialization: Eastern Theology

Supervisor: _____

Tentative Title of the Dissertation: _____

Dissertation's Subject and its Relevance: _____

_____ *(Use separate sheet if necessary)*

Hypothesis: _____

_____ *(Use separate sheet if necessary)*

Attached to this application:

Tentative table of Content

Bibliography

Balamand: / /

Candidate's signature

The Supervisor's Recommendation

I recommend the Project of _____ according to the information given above.

Date: / /

Supervisor's signature

Based on the Academic Rules and Regulations of the PhD program in Eastern Christian Studies, the period for writing the thesis is three years starting from the approval date. Extension of writing period is liable to consideration of the PhD Admissions Committee.

PhD candidates are requested to apply "The UOB Policy and Style Manual for the Preparation of a PhD Dissertation" published on the university's website.

Received on: / /

By:

Signature

The Admission Committee remarks:

Approved by the Dean

Date: / /

Signature

_____ *For further information contact the Office of Admissions & Registration*

_____ St John of Damascus Institute of Theology
_____ University of Balamand
_____ P.O.Box: 100 Tripoli, Lebanon

_____ Telephone: 961 6 930305
_____ Ext: 4801

_____ Fax: 961 6 930304

_____ E-mail: theology@balamand.edu.lb

_____ Website: theology.balamand.edu.lb