

Admission Request – Campus transfer				
Personal Information				
Last Name: -----		First name: -----		Middle name: -----
Date of birth: ----/----/-----		Mobile: -----		ID: -----
Address: -----				
Registration				
Campus	Cycle	Year of studies	Major	Validated credits
Registration requested for the academic year 202 /202				
Campus of Hadat - Baabda <input type="checkbox"/>		Campus of Zahlé - Békaa <input type="checkbox"/>		Campus of Mejdlaya - Zgharta <input type="checkbox"/>
Reason for transfer request:				

Date: ____/____/____			Student's Signature: -----	
Requested documents:				
➤ Supporting documents in case of change of address, illness, etc.				
➤ A copy of the registration receipt for the current academic year.				
This application must be returned to the original campus with the mandatory notification from the host campus.				
Original Campus		Office of the Registrar		Secretary General
<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected		<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected		<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected
Date : ____/____/____		Date : ____/____/____		Date : ____/____/____
Signature : -----		Signature : -----		Signature : -----