

Ministry of Education & Higher Education



**Lebanese Republic**

Ministry of Education & Higher Education

General Directorate of Higher Education

**General Director**

|  |  |
| --- | --- |
| **Number of registration** |  |

|  |  |
| --- | --- |
| **Date of registration** |  |

**Letter of authorization**

I, here by

|  |  |
| --- | --- |
| Full name(as appear on official transcript)  |  |
| Date of Birth |  |
| Qualification (full title) |  |
| Name of the University |  |
| Date of graduation(as appears on the applicant’s official academic transcript) |  |
| Student ID Number(as appears on the applicant’s official academic transcript) |  |
| E–mail of university  |  |
| E–mail of student  |  |
| Telephone number of student |  |

Authorization the directorate general of higher education in Lebanon to obtain information’s concerning my mode of attendancy and the years of attendancy other information from your university about me.

Applicant’s Name: ……………………………………………...

Applicant’s Signature: ………………………………………….…

Date: ……….……………………………..…….