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## Office of Admissions

### Application for Admission to Undergraduate Study For the Academic Year 2017-2018

#### 1. Full Legal Name

[Full name as it appears on passport or identity card]

In English \_\_\_\_\_  
First Name Middle Name Last Name

In Arabic \_\_\_\_\_  
إسم العائلة إسم الأب الإسم الأول

2. Gender Male  Female  Blood Type \_\_\_\_\_

3. Marital status Single  Married  Other  \_\_\_\_\_

4. Date of Birth \_\_\_\_\_ (e.g., 18-OCT-1997)  
Day Month Year

5. Place of Birth \_\_\_\_\_ Nationality \_\_\_\_\_  
City Country

#### 6. For Lebanese Students only

Sector Place (مكان السجل) \_\_\_\_\_ County (ال قضاء) \_\_\_\_\_

Sector Number (رقم السجل) \_\_\_\_\_ State (المحافظة) \_\_\_\_\_

#### 7. Permanent Address

\_\_\_\_\_  
Building floor Street City

\_\_\_\_\_  
County (القضاء) State (المحافظة) Country

#### 8. Telephone

Home \_\_\_\_\_ Mobile \_\_\_\_\_  
Country code Area code Number Country code Cell code Number

9. Email address \_\_\_\_\_@\_\_\_\_\_

10. Father's name \_\_\_\_\_ Living Yes  No

Occupation \_\_\_\_\_ Company/Business \_\_\_\_\_

Mobile \_\_\_\_\_ Email address \_\_\_\_\_

11. Mother's maiden name \_\_\_\_\_ Living Yes  No

Occupation \_\_\_\_\_ Company/Business \_\_\_\_\_

Mobile \_\_\_\_\_ Email address \_\_\_\_\_

**12. Guardian's information** (if both parents are deceased)

Full Name \_\_\_\_\_ Relationship \_\_\_\_\_

Occupation / Business name \_\_\_\_\_

Mobile \_\_\_\_\_ Email address \_\_\_\_\_

**13. List the full name(s) of relatives currently employed by BAU**

Full Name	Relationship to you	Department	Employee Number
_____	_____	_____	_____
_____	_____	_____	_____

**14. Secondary diploma/certificate** (Year received) \_\_\_\_\_

Lebanese L.S.  G.S.  S.E.  L.H.  Technical (specify) \_\_\_\_\_

Non Lebanese (specify section) \_\_\_\_\_

**15. Name of secondary (high) school from which you graduated**

\_\_\_\_\_ Public School  Private School

Mailing address \_\_\_\_\_  
Street City Country

**16. Have you taken the TOEFL, IELTS, SAT1 (Writing Section) Exam, CPE, CAE or FCE?**

If yes, please indicate score and date taken

\_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_  
Exam Score Month/Year

**17. Have you previously applied to, been accepted, or enrolled at BAU?** Yes  No

If yes: Applied Accepted Enrolled \_\_\_\_\_ | \_\_\_\_\_  
Academic year ID Number

**18. Emergency Contact**

\_\_\_\_\_ | \_\_\_\_\_  
Name Relationship

Telephone Home \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ Mobile \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_  
Country code Area code Number Country code Area code Number

**19. Do you have any physical disabilities?** Yes  No

if yes, please describe. The information is requested only to enable the University to better serve students.

\_\_\_\_\_

**20. What is your first foreign language?** English  French

**21. Indicate your choice of Faculty, Major and Campus in order of preference**

An applicant may not apply to more than four choices (Major No.1 is your first choice).

Campuses: Beirut (BEI)      Debbieh (DEB)      Tripoli (TRI)

	Faculty	Major	Campus
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

### BAU Faculties and Majors

<b>Faculty of Human Sciences</b> - Arabic Language & Literature (BEI) - English Language & Literature (BEI) - Sociology (BEI) - Psychology (BEI) - Mass Communication (BEI)	<b>Faculty of Architecture</b> <i>Design and Built Environment</i> <b>Architecture</b> (DEB,TRI) <b>Design Programs</b> (DEB,TRI) - Interior Design (DEB, TRI) - Graphic Design (DEB, TRI) - Fashion Design (DEB) - Landscape Design (DEB)	<b>Faculty of Science</b> - General Science - Chemistry (DEB, TRI) - Mathematics (BEI, DEB, TRI) - Physics (DEB, TRI) - Computer Science (BEI,DEB,TRI) - Biology (BEI,DEB,TRI) - Biochemistry (BEI,DEB,TRI)
<b>Faculty of Law &amp; Political Science</b> - Law (BEI)	<b>Faculty of Engineering</b> - Civil Engineering (DEB,TRI) - Mechanical Engineering (DEB,TRI) - Industrial Engineering (DEB) - Electrical Power & Machines Engineering (DEB,TRI) - Communications & Electronics Engineering (DEB,TRI) - Computer Engineering (DEB) - Petroleum Engineering (DEB) - Biomedical Engineering (DEB) - Chemical Engineering (DEB)	<b>Faculty of Pharmacy</b> - Pharmacy (BEI)
<b>Faculty of Business Administration</b> - Accounting (BEI,DEB,TRI) - Management (BEI,DEB,TRI) - Economics (BEI) - Marketing (BEI, DEB) - Banking & Finance (BEI,DEB,TRI) - Hospitality & Tourism Management (BEI) - Management Information Systems (BEI)		<b>Faculty of Medicine</b> - Medicine (BEI)
		<b>Faculty of Dentistry</b> - Dentistry (BEI)
		<b>Faculty of Health Sciences</b> - Nursing (BEI,TRI) - Nutrition & Dietetics (BEI,TRI) - Medical Lab Technology (BEI,TRI) - Physical Therapy (BEI)

I declare that I have answered all questions completely and accurately. I understand that it is my responsibility to keep the office of admissions informed of any changes to the information in my application materials.

Date \_\_\_\_\_

Signature \_\_\_\_\_

For Administrative Use Only

Reviewer Name \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

