



Beirut Arab University  
Admission Form  
20 / 20

Web ID  
Faculty

|  |
|--|
|  |
|  |

**Personal Information**

|                |               |              |               |
|----------------|---------------|--------------|---------------|
| First Name     | Middle Name   | Last Name    | Mother's name |
| / /            |               |              |               |
| Place of Birth | Date of Birth | Sector Place | Sector Number |

|             |               |            |           |
|-------------|---------------|------------|-----------|
| الإسم       | اسم الأب      | الشهرة     | اسم الأم  |
| / /         |               |            |           |
| محل الولادة | تاريخ الولادة | مكان السجل | رقم السجل |

Gender  Male  Female

Blood Type  A+  A-  B+  B-  AB+  AB-  O+

Marital Status  Single  Married  Divorced  Widowed

Nationality \_\_\_\_\_

Do you have any obligatory Social Security?  Yes  No

**Address**

|                       |      |               |               |              |
|-----------------------|------|---------------|---------------|--------------|
| Street/Building/Floor | City | State(محافظة) | Country(قضاء) | Nation( بلد) |
|-----------------------|------|---------------|---------------|--------------|

**Telephone**

|      |        |          |
|------|--------|----------|
| Home | Mobile | E-mail @ |
|------|--------|----------|

**Emergency Contact**

**Name**

|            |             |           |
|------------|-------------|-----------|
| First Name | Middle Name | Last Name |
|------------|-------------|-----------|

**Address**

|                       |      |               |               |              |
|-----------------------|------|---------------|---------------|--------------|
| Street/Building/Floor | City | State(محافظة) | Country(قضاء) | Nation( بلد) |
|-----------------------|------|---------------|---------------|--------------|

|          |      |        |          |
|----------|------|--------|----------|
| Phone No | Home | Mobile | E-mail @ |
|----------|------|--------|----------|

## Brother's / Sister's (BAU Students)

| ID | Name | Faculty |
|----|------|---------|
|    |      |         |
|    |      |         |
|    |      |         |
|    |      |         |

## Father's & Mother's Info

| Name | Age | Employer | Address |
|------|-----|----------|---------|
|      |     |          |         |
|      |     |          |         |

## Educational Information

School \_\_\_\_\_

| Street/Building/Floor | City | State(محافظة) | Country(قضاء) | Nation(بلد) |
|-----------------------|------|---------------|---------------|-------------|
|                       |      |               |               |             |
|                       |      |               |               |             |

High School Certificate \_\_\_\_\_ High School Certificate Section \_\_\_\_\_ Date \_\_\_\_\_ Received \_\_\_\_\_

## **Choose up to 4 majors (Entrance Exam needed) and list them in order of preferences:**

- English Language & Lit.
- Langue Française & Lit.
- Political Sciences
- Commerce & Buis. Admin.
- Architectural Engineering
- Engineering
- Science
- Biology
- Pharmacy
- Medicine
- Dentistry
- Nursing
- Nutrition
- Physical Therapy
- Medical Lab.& Tec

| Choice | Faculty |
|--------|---------|
| First  |         |
| Second |         |
| Third  |         |
| Fourth |         |

## General Questions

1-Do you want on-campus housing?  Yes  No (Debbieh Campus only)

2-Do you need any transportation?  Yes  No (Debbieh Student's only)

3-Do you have any medical Insurance?  Yes  No

4-Do you have any Physical Disability?  Yes  No  
if yes, Specify it \_\_\_\_\_

5-Do you have any Severe Medical Problem?  Yes  No  
if yes, Specify it \_\_\_\_\_

6-Is English your first foreign language?  Yes  No

6-Is French your first foreign language?  Yes  No

Student Signature \_\_\_\_\_

\* Please notify the admission office of any changes in their information listed above

0-

h

—