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## Application for Undergraduate Admissions For the Academic Year 2020–2021

### 1. Full Legal Name

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-2000)  
Day Month Year

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

### 6. For Lebanese Students only

Sector Place (مكان السجل) \_\_\_\_\_ County (القضاء) \_\_\_\_\_

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 \_\_\_\_\_

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

11. Mother's maiden name \_\_\_\_\_ Living Yes  No   
Occupation \_\_\_\_\_ Company \_\_\_\_\_  
Mobile \_\_\_\_\_ Email address \_\_\_\_\_

12. Specify if you have any relatives currently employed by BAU

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

13. Secondary diploma/certificate (Year received) \_\_\_\_\_

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

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

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

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

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

15. Specify if you have taken the TOEFL, IELTS, SAT1(Reading & Writing Section), CPE, CAE or FCE exams

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

16. Have you previously applied to, or enrolled at BAU? Yes  No

If yes: \_\_\_\_\_  
Academic year ID Number

17. Emergency Contact

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

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

18. 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.

\_\_\_\_\_

19. What is your first foreign language? English  French

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

An applicant may not apply to more than four choices

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

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

**BAU Faculties and Majors**

<p><b>Faculty of Human Sciences</b></p> <ul style="list-style-type: none"> <li>- Arabic Language &amp; Literature (BEI)</li> <li>- English Language &amp; Literature (BEI)</li> <li>- Psychology (BEI)</li> <li>- Mass Communication (BEI)</li> </ul>	<p><b>Faculty of Architecture</b> <i>Design and Built Environment</i></p> <p><b>Architecture</b> (DEB,TRI)</p> <p><b>Design Programs</b> (DEB,TRI)</p> <ul style="list-style-type: none"> <li>- Interior Design (DEB,TRI)</li> <li>- Graphic Design (DEB,TRI)</li> <li>- Fashion Design (DEB)</li> </ul>	<p><b>Faculty of Science</b></p> <ul style="list-style-type: none"> <li>- Chemistry (BEI,DEB,TRI)</li> <li>- Mathematics (BEI,DEB,TRI)</li> <li>- Physics (BEI,DEB,TRI)</li> <li>- Computer Science (BEI,DEB,TRI)</li> <li>- Biology (BEI,DEB,TRI)</li> <li>- Biochemistry (BEI,DEB,TRI)</li> </ul>
<p><b>Faculty of Law &amp; Political Science</b></p> <ul style="list-style-type: none"> <li>- Law (BEI)</li> </ul>	<p><b>Faculty of Engineering</b></p> <ul style="list-style-type: none"> <li>- Civil Engineering (DEB,TRI)</li> <li>- Mechanical Engineering (DEB,TRI)</li> <li>- Industrial Engineering (DEB)</li> <li>- Electrical Power &amp; Machines Engineering (DEB,TRI)</li> <li>- Communications &amp; Electronics Engineering (DEB,TRI)</li> <li>- Computer Engineering (DEB)</li> <li>- Biomedical Engineering (DEB)</li> <li>- Petroleum Engineering (DEB)</li> <li>- Chemical Engineering (DEB)</li> </ul>	<p><b>Faculty of Pharmacy</b></p> <ul style="list-style-type: none"> <li>- Pharmacy (BEI)</li> </ul>
<p><b>Faculty of Business Administration</b></p> <ul style="list-style-type: none"> <li>- Accounting (BEI,DEB,TRI)</li> <li>- Management (BEI,DEB,TRI)</li> <li>- Economics (BEI)</li> <li>- Marketing (BEI)</li> <li>- Banking &amp; Finance (BEI,DEB,TRI)</li> <li>- Management Information Systems (BEI)</li> </ul>		<p><b>Faculty of Medicine</b></p> <ul style="list-style-type: none"> <li>- Medicine (BEI)</li> </ul>
		<p><b>Faculty of Dentistry</b></p> <ul style="list-style-type: none"> <li>- Dentistry (BEI)</li> </ul>
		<p><b>Faculty of Health Sciences</b></p> <ul style="list-style-type: none"> <li>- Nursing (BEI,TRI)</li> <li>- Nutrition &amp; Dietetics (BEI,TRI)</li> <li>- Medical Lab Technology (BEI,TRI)</li> <li>- Physical Therapy (BEI)</li> </ul>

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

Date \_\_\_\_\_

Signature \_\_\_\_\_

For Administrative Use Only

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

Date \_\_\_\_\_

Signature \_\_\_\_\_

