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Application for Freshman Admissions

For the Academic Year 2020–2021

Please Indicat	e your field of study	1	
☐ Freshman /	Arts 🗆 Freshman S	Sciences	
1. Full Legal Name		I	1
In English	First Name	Middle Name	Last Name
In Arabic		ا سم العائلة	ا سم الأب الإسم الأول
2. Gender	□Male	□Female	☐Blood Type
3. Marital status	□Single	□Married	Other
4. Date of Birth	Day Month	_ (e.g., 18-0CT-199	98)
5. Place of Birth	City	Country	Nationality
6. For Lebanese St	udents only		
Sector Place رىجل	مكان الس	Coun	ty (القضاء)
Sector Number	(رقم السجل)	State	(المحافظة)

7. Permanent add	ress			
Building	 Floor	Street	City	_
State (القضاء)		(المحافظة) County	Country	_
8. Telephone				
Home Country C	ode	Area code Number	Mobile Country code	Cell code Number
9. Email address				_@
10. Father's name	·		Living 🗌 Yes 🔲 N	No
Occupation			Company	
Mobile			Email address	
11. Mother's maio	len name		Living 🗆 Yes 🗆 N	No
Occupation _			Company	
Mobile			Email address	
12. Specify if you	have any	relatives currently employ	ed by BAU:	
Full Name: _		Relationship:	Departme	ent :
13. Secondary Cer	tificate /	Diploma:	Year Receive	d:
14. Name of seco	ndary (hig	gh) school from which you	graduated:	
City:		Country:	-	

15. Please indicate in the table below the	SAT 1 test(s) that y	ou have taken:
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Test Date	Reading & Writing Score	Math Score	Total Score
	1		
6. Emergency Contact:			
		Relationship:	
Nume.		Kelationship.	
Telephone (Home):	ſ	1	
rerepriorie (nome):	Country code Area code	Number	
Mobile:	Country code Cell code		
	Country code Cell code	Number	
7. Do you have any phys	ical disabilities?	□Yes □No	
if yes, please describe. T	he information is requested on	ly to enable the University to	better serve students.
8. What is your first forei	gn language?	□ English □ French	1
declare that I have ans	wered all questions compl	etely and accurately. I ur	derstand that it is my
esponsibility to keep th	e admissions office inform	ed of any changes to the	information in my
pplication materials.			
Date		Signature	
For Administrative Use Oct			
For Administrative Use Only			
Reviewer Name			

