



جامعة بيروت العربية
BEIRUT ARAB UNIVERSITY

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Application for Freshman Admission

For the Academic Year 2026–2027

Please Indicate your field of study

Freshman Arts Freshman Sciences

1. Full Legal Name

In English

First Name

Middle Name

Last Name

In Arabic

اسم العائلة

اسم الأب

الإسم الأول

2. Gender

Male

Female

Blood Type _____

3. Marital status

Single

Married

Other _____

4. Date of Birth

Day

Month

Year

5. Place of Birth

City

Country

Nationality _____

6. For Lebanese Students only

Sector Place (مكان السجل) _____

County (القضاء) _____

Sector Number (رقم السجل) _____

State (المحافظة) _____

7. Permanent address

_____ | _____ | _____ | _____
Building Floor Street City

_____ | _____ | _____
State (القطاع) County (المحافظة) Country

8. Telephone

Home _____ | _____ | _____ | Mobile _____ | _____ | _____
Country code Area code Number Country code Cell code Number

9. Email address _____ @ _____

10. Father's name _____ Alive Yes No
Occupation _____ Company _____
Mobile _____ Email address _____

11. Mother's maiden name _____ Alive Yes No
Occupation _____ Company _____
Mobile _____ Email address _____

12. Secondary Certificate / Diploma: _____ Year Received: _____

13. Name of secondary (high) school from which you graduated: _____
City: _____ Country: _____

14. Please indicate in the table below the SAT 1 test(s) that you have taken:

Test Date	Reading & Writing Score	Math Score	Total Score

15. Emergency Contact:

Name: _____ Relationship: _____

Telephone (Home): _____ | _____ | _____
Country code Area code Number

Mobile: _____ | _____ | _____
Country code Cell code Number

16. 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.

17. What is your first foreign language? English French

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 _____

