



# Application for Bridge Program Admission

Please return the completed form to

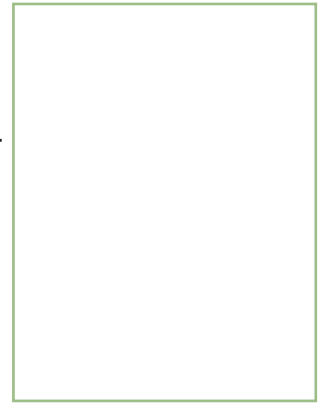
Office of Admissions

Abu Dhabi University

P.O. Box 59911, Abu Dhabi, UAE (T) 971 2 5015555, (F) 971 2 501 5990

P.O. Box 1790, Al Ain, UAE (T) 971 3 767 0000, (F) 971 3 767 0001

Please attach 2 photos



ID # \_\_\_\_\_

**Toll Free: 800 ADYOU | E-mail: admissions@adu.ac.ae | www.adu.ac.ae**

All Applications are considered on the basis of qualifications, regardless of national origin, race, religion, color, gender or disability. All documents received by ADU become the property of Abu Dhabi University and will not be returned, forwarded to another institution or duplicated for any purpose.

## PLEASE READ THE FOLLOWING INSTRUCTIONS BEFORE FILLING IN THE APPLICATION FORM:

1. All items must be filled in. Incomplete Applications will not be considered.
2. Applicants must complete the application themselves.
3. The Admissions Committee is responsible for reviewing and evaluating the admission policies on regular basis.
4. Documents required to complete the admission process are:
  - a. Completed application form.
  - b. Certified copy of official National High School Certificate.
  - c. 6 Passport sized photographs.
  - d. Copy of a valid passport with residency page for expatriates.
  - e. Certificate of good conduct from the police department for UAE Nationals and resident students.
  - f. Official copy of International TOEFL IBT or Academic IELTS, if available.
  - g. Medical examination clearance form.
  - h. Non-refundable application fee of AED 250.

## PLEASE CHECK YOUR PREFERENCE

Campus Location:  Abu Dhabi  Al Ain (Transfer of campus is possible)

Do you need Student Residence Visa:  Yes  No

Semester you expect to enter the University:

Fall

Spring

Summer

Housing Needed

Transportation Needed

FOR OFFICIAL USE ONLY:

Application Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Accepted

Declined

On Hold

Notes: \_\_\_\_\_

Admission Office: \_\_\_\_\_ Provost/Dean: \_\_\_\_\_ Date: \_\_\_\_\_

# GENERAL INFORMATION

## STUDENT DETAILS

PLEASE WRITE YOUR NAME AS INDICATED ON YOUR PASSPORT:

1. Name \_\_\_\_\_  
First                                      Father or Middle                                      Grandfather                                      Family

2. Mother's full maiden name \_\_\_\_\_

3. Date of birth     
Day                      Month                      Year

4. Place of Birth \_\_\_\_\_  
City/Country

5. Nationality \_\_\_\_\_ Country of Residence \_\_\_\_\_ Religion \_\_\_\_\_

6. Passport Number \_\_\_\_\_ Place of Issue \_\_\_\_\_ Expiry Date \_\_\_\_\_

7. Gender  Male  Female                      8. Marital status  Single  Married  Other

9. Are you currently employed?  Yes  No                      If yes, please specify employer's name: \_\_\_\_\_

10. Mobile (        ) \_\_\_\_\_ E-mail \_\_\_\_\_

11. Mailing address: (This address will be used for all future correspondences)

P.O. Box \_\_\_\_\_ Building \_\_\_\_\_

City \_\_\_\_\_ Street \_\_\_\_\_

Country \_\_\_\_\_ Postal Code \_\_\_\_\_

## PARENTS/GUARDIAN DETAILS

12. Please provide us with details about your Father/Mother/Guardian:

Name \_\_\_\_\_ Profession \_\_\_\_\_

(        ) \_\_\_\_\_ (        ) \_\_\_\_\_ (        ) \_\_\_\_\_ (        ) \_\_\_\_\_  
Telephone Home                      Telephone Work                      Fax                      Mobile

E-mail \_\_\_\_\_

13. Relationship  Father  Mother  Guardian  Spouse

# GENERAL UNDERGRADUATE ADMISSION REQUIREMENTS

14. List the secondary school from which you graduated and any universities you have attended with dates of attendance:

Name of School/University*	Location (Country)	Dates of Attendance	
		From	To

15. Have you previously applied to ADU?

Yes  No

If yes, when? \_\_\_\_\_ Which Program? \_\_\_\_\_

Previous Student ID No. \_\_\_\_\_

16. Do you have a family member who is currently enrolled or has attended ADU?

Name

Relation

Dates of attendance

\_\_\_\_\_  
\_\_\_\_\_

17. Do you have special interest or experience in managing extra curricular activities?

Please elaborate in the space below: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18. Is one of your parents/siblings employed by this University?

Yes  No

If yes, please give his/her name: \_\_\_\_\_ Position \_\_\_\_\_

19. Do you have any physical disabilities? (This information is voluntary and confidential; it is requested to help the University provide aid and support, as much as possible.)

Yes (please indicate below)

No

Vision impairment

Hearing impairment

Other (please explain)

Speech impairment

Mobility impairment

20. Consent to release information:

I am authorizing the following individuals/parties to access my confidential record with the Registrar's Office of Abu Dhabi University. This will remain in my file unless changes are made.

Parents (Father, Mother only)

Guardians

I do not authorize anyone

Financial Sponsor

Other

Please specify tel number and address of parents/guardians/sponsor if applicable

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

