

<b>Student's Photo</b>		<b>P.O. Box: 1</b> Philadelphia University 19392, Jordan  <b>Tel.: 0096264799000</b> <b>Fax: 0096264799041</b>
<b>Appl. No.</b> <small>(For official use only)</small>	<b>Admission Form / Bachelor's Degree</b>	<b>Student's ID</b> <small>(For official use only)</small>

<b>Name</b>		<b>National ID No.</b> <small>(For Jordanians Only)</small>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Personal Information</b>
<b>Date of Birth</b>		<b>Sex</b>	<b>Male</b>	<b>Female</b>	
<b>Place of Birth</b>		<b>Mother's Name</b>			
<b>Nationality</b>		<b>Religion</b>			

<b>Residence</b>				<b>Address</b>
<b>Residence Tel. No.</b>		<b>Mobile</b>	<input type="checkbox"/>	

<b>Name</b>		<b>Relationship</b>	<b>Father</b>	<b>Mother</b>	<b>Provider's Information</b> <small>(One of the Parents)</small>
<b>Phone</b>		<b>Other:.....</b>			

<b>Name</b>	<b>Phone</b>	<b>Names of three persons to be contacted in case of emergency</b>

**Certificates**

<b>Transfer from other universities</b>	<b>Diploma for bridging students</b>	<b>General secondary school certificate</b>
<b>Univ. Name</b>	<b>Place of Issue</b>	<b>Place of Issue</b>
<b>Specialization</b>	<b>Specialization</b>	<b>Stream</b>
<b>GPA</b>	<b>GPA</b>	<b>Average</b> <input type="checkbox"/>

Have you ever been dismissed from a university for academic or disciplinary reasons ?  Yes  NO

Have you ever been admitted to Philadelphia University?  Yes  No

If " Yes "state your specialization:..... and ID. No.:.....

Have you ever been dismissed from Philadelphia University for academic or disciplinary reasons? Yes      No

<b>#</b>	<b>Sought Specialization</b>	<input type="checkbox"/> <b>Academic Program</b>
<b>1</b>		<b>Morning</b> <b>Evening</b>
<b>2</b>		

**Very Important Remarks:**

1. Student's registration shall be deemed cancelled unless he/she registers courses within the first week of the academic semester.
2. In the event of student's withdrawal from the University he/she may refund his/her refundable deposit (JD 100).
3. I authorize the University to provide my parents (provider) with information about my academic and behavioral position.
4. I undertake to pay all fees on due course.
5. I undertake to come to know the University laws and regulations and comply with them.
6. I declare that I have not been dismissed from Philadelphia University or the sought program previously.
7. I undertake not to demand equalization of any courses I studied in case of being dismissed from other universities for academic or disciplinary reasons.
8. The provider is one of the parents, and in the event of their death, an alternative provider shall be specified in accordance with what was stated in the original application form.
9. The University has the right to modify fees when necessary without any legal liability.

I acknowledge that all information provided in this application is correct and I stand accountable for any false information.

Applicant's Name:

Signature:

Date: / /

**(Incomplete Documents)**

The student has to provide the following documents within one week:

- 1.
- 2.
- 3.

**Applicant's Signature:**

The student has been admitted to (                                 ),  
Semester(                 ) Academic Year(                 /                 ).

Head of Admissions Dept:

Date:           /           /

**For official use  
only**