

BETHLEHEM UNIVERSITY
International student request for application

After completing and submitting this on-line request for application form, you will receive an email notice from the Registrar's Office within one week indicating that your application was received and providing you with further information regarding payment schedule and other matters in order to complete and confirm your registration. Should you have any questions about this matter, please contact the Registrar's Office at: registrar@bethlehem.edu

First Name of Applicant: _____ Last Name: _____

Place of Birth: _____ Date of Birth (dd/mm/year): _____

Citizenship (if more than one, list all): _____

Passport Number (to be used for travel to Bethlehem): _____

Permanent address: _____

Current address: _____

Telephone: _____ Fax: _____

E-mail: _____

College or university you are presently attending and location: _____

Dates attended: _____

Major area of academic study: _____

If you know courses in which you wish to be enrolled at Bethlehem University, please list below.

Course Number	Course title	For CREDIT or for AUDIT

If you are unsure of what specific courses in which you wish to be enrolled, please specify your general area of academic interest:

Period of intended study at Bethlehem University:

FALL _____ SPRING _____ SUMMER _____

Email completed form to registrar@bethlehem.edu