

Student Application Form

Body Copy Refinement

Page Header

Existing Section Reference:

Student Application Form

Updated intro copy:

Take the first step toward studying at AUT. Complete the application form and our admissions team will guide you through the next steps.

Right-Side Contact Card

Existing Section Reference:

Contact Us

Updated copy:

All fields marked with (*) are required.

Please complete each section, select your intended major, and choose your preferred placement test date.

After submitting your application, you will receive an automated confirmation email. Within 5 working days, the admissions team will follow up with your Admission Registration Form by email.

For admission requirements, visit the admissions page.

Contact details:

+961 76 80 80 01

admissions@aut.edu

Need Help Card

Existing Section Reference:

Need Help?

Updated copy:

Need help completing your application? Ask **AUT Compass**, AUT's AI Student Guide, for instant support. It can help you navigate the form, book a campus visit, or connect you with the right AUT team.

Human support line:

Prefer human support? Our admissions team is available during office hours.

Button:

Ask AUT Compass

Personal Information Section

Existing Section Reference:

Personal Information

Field label changes

First Name

Keep

Middle Name

Make optional if possible.

Last Name

Keep

Mother's First Name

Keep

Mother's Last Name

Keep

Date of Birth

Keep

Gender

Keep

Nationality

Keep

Native Language

Keep only once.

Remove duplicate field:

Native Language appears twice. Keep one field only.

Village, State & Caza

Replace with:

Village / Town and Caza

Full Address

Keep

Street / Bldg / Floor

Replace with:

Street, Building, and Floor

State/Province

Replace with:

Governorate

Academic Background Section

Existing title:

Academic Background

Updated field labels:

What semester would you like to register for?

Replace with:

Intended Semester

This application is for enrollment as:

Replace with:

Applicant Type

Options:

Freshman

Sophomore

Transfer

Graduate

Which campus do you seek admission in?

Replace with:

Preferred Campus

High School Information

Existing Section Reference:

High School Information

Updated field labels:

High School Name

Keep

School Address

Keep

City

Keep

State

Replace with:

Governorate

High School Type

Keep

Section

Replace with:

School Section

Developer note:

Show or hide high school fields based on applicant type if possible. Graduate applicants may need different academic background fields.

Additional Information Section

Existing title:

Additional Information

Updated upload label:

Civil Extract / ID / Passport

Upload instruction:

Upload a clear copy of your civil extract, ID, or passport.

Parent Employment Status

Existing labels:

Father Employment Status

Mother Employment Status

Updated options:

Employed

Not Employed

Deceased

Referral Field

Existing field:

How did you hear about AUT?

Keep.

Existing field:

Please Specify

Updated label:

Referral Details

Placeholder:

Enter the referral name, school, platform, or source.

Developer note:

Make this field conditional. Show it only when the selected source needs extra information.

NSSF Field

Existing field:

Registered at NSSF?

Updated label:

Are you registered with NSSF?

Options:

Yes

No

Accessibility Field

Existing field:

Any physical disability?

Updated label:

Do you require accessibility support?

Options:

Yes

No

Optional helper text:

This helps AUT understand how to support you during your academic journey.

Hobbies Field

Existing label:

Hobbies

Updated label:

Student Interests

Options:

Sports

Cultural

Artistic

Social

Blood Type Field

Existing label:

Blood Type

Recommendation:

Make optional if possible.

Updated label if kept:

Blood Type

Placement Test Field

Existing label:

Placement Test Available Date

Updated label:

Preferred Placement Test Date

Confirmation Checkbox

Existing copy:

I confirm that all the information provided is accurate and complete. I understand that any false information may lead to the cancellation of my application.

Keep.

Privacy Line

Existing copy:

By submitting this form, you agree to our Privacy Policy and Terms of Admission.

Keep.

Emergency Contact Section

Existing title:

Emergency Contact

Updated field labels:**Contact First Name**

Replace with:

Emergency Contact First Name

Contact Last Name

Replace with:

Emergency Contact Last Name

Relationship

Keep

Contact Email

Replace with:

Emergency Contact Email

Contact Mobile Number

Replace with:

Emergency Contact Mobile Number

Form Buttons

Back

Keep

Continue

Keep

Submit

Replace with:

Submit Application