

**OFFICE OF ADMISSIONS**

A 202 BYA Building
ANGELES UNIVERSITY FOUNDATION
2009 Angeles City, Philippines
Tel. Nos.: (63-45) 625-2807 (Direct)
(63-45) 625-2888 loc. 707
Website: www.auf.edu.ph

INFORMATION SHEET

Application No. _____

Print or Type all information. Only applications accomplished correctly and completely will be processed.

Application is made as ☒ Freshman student ☐ Transfer student ☐ 2nd undergraduate degree student

For the ☒ First Semester ☐ Second Semester Academic Year _____

PERSONAL DATA

Last Name <u>AL-Enezi</u>			
First Name <u>Anwar</u>			
Middle Name <u>F.DH.KH</u>			
Permanent Mailing Address <u>anwar@parc-kwt.com</u>			
E-Mail Address <u>anwar@parc-kwt.com</u>			Postal Code <u>none</u>
Tel. No. <u>+96566542059</u>		Mobile No. <u>+96566542059</u>	
Date of Birth <u>12</u> <u>09</u> <u>1986</u>	Place of Birth <u>Kuwait</u>	Age <u>28</u>	Sex <u>Male</u>
mo	day	year	
Citizenship <u>Kuwaiti</u>	Religion <u>Muslim</u>	Civil Status <u>Single</u>	

FAMILY BACKGROUND

FATHER		MOTHER
Fahad Dahi AL-Enezi	Name	Samia Dakhel AL-Enezi
Kuwaiti	Citizenship	Kuwaiti
-	E-Mail Address	-
-	Home Telephone No.	-
-	Mobile Phone No.	-
-	Occupation/Position	-
-	Company/Business Address	-
-	Educational Attainment	-
-	Annual Salary Income	-

EDUCATIONAL BACKGROUND

Grade School	Name and Address of School	School Year Attended	Honors/Awards (if any)
Grade(s) 1:	Kuwait Privte Boys School	1993	
2	-	-	-
3	-	-	-
4	-	-	-
5	-	-	-
6	-	-	-
7	-	-	-
High School			
Year I	-	-	-
II	-	-	-
III	-	-	-
IV	Kuwait Privte Boys School	2005	-
COLLEGIATE	Name and Address of School	School Year Attended	Course
Year I			
II			
III			
IV			

INTENDED DEGREE PROGRAMS:

COLLEGE OF NURSING

FIRST CHOICE

BS Nursing

SECOND CHOICE

THIRD CHOICE

Reasons for applying at AUF? I want to Get Better Education in My life

Where did you get the information about AUF?



AUF Website



Bulletin Boards




School Tour



others, pls. specify

CERTIFICATION

I certify that the information given herein is correct and complete. Falsification or withholding of information will nullify my application or subject me to dismissal from the university. If admitted, I agree to abide by the policies and regulations of AUF.



Signature of applicant

24-09-2014

Date

Signature of parent/guardian

Date