



# UNDERGRADUATE PROGRAMME APPLICATION FORM

DIN: RUW-OR/ADN-T-001

RN: 02

ED: 23/03/2017

Affix recent photograph here

- ☞ Complete this form in CAPITAL LETTERS, using a black or dark blue pen.
- ☞ Any offer of admission will be valid only for entry in the semester you select on this form.
- ☞ Ensure that all the applicable sections of this application form are completed. Contact the Registrar's Office in case of any uncertainty regarding this form.
- ☞ This application form will not be processed without (1) all the applicable ancillary documentation, and (2) proof that all relevant fees and charges have been paid.
- ☞ The Information provided in this form will only be used in the following ways: (1) For administrative purposes and the provision of services to students, (2) for RUW marketing, research and development purposes, or (3) to satisfy any legal requirements.

**RUW APPLICANT ID:** \_\_\_\_\_ **RUW STUDENT ID:** \_\_\_\_\_

I am applying for admission for the:

- 1ST SEMESTER      20\_\_/\_\_\_/\_\_\_
- 2ND SEMESTER      20\_\_/\_\_\_/\_\_\_
- SUMMER              20\_\_/\_\_\_/\_\_\_

- Applying as a:
- NEW ENTRY
- RE ADMISSION
- TRANSFER STUDENT
- VISITING STUDENT
- AUDIT STUDENT (NON DEGREE STUDENT)

Have you applied to RUW before?       NO       YES      (When: \_\_\_\_\_)

### 1. PERSONAL DETAILS:

Title:       MISS      First name: \_\_\_\_\_

MRS.      Middle names: \_\_\_\_\_

MS      Family name: \_\_\_\_\_

Passport:      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_/\_\_\_\_/20\_\_\_\_

                 Nationality      Number      Place of issue      Expiry date (DD/MM/YYYY)

Country of birth: \_\_\_\_\_      Government I.D. card No.: \_\_\_\_\_

Date of birth (DD/MM/YYYY): \_\_\_\_\_/\_\_\_\_/\_\_\_\_      Religion: \_\_\_\_\_

Marital status:       SINGLE       MARRIED       DIVORCED       WIDOWED

### 2. CONTACT DETAILS:

Address:      Flat/Villa No. \_\_\_\_\_ / Building No. \_\_\_\_\_      Telephone 1 (Student Mobile): \_\_\_\_\_

                 Road No. \_\_\_\_\_ / Block No. \_\_\_\_\_      Telephone 2(Father/Mother/Husband): \_\_\_\_\_

City: \_\_\_\_\_      Telephone 3 (Home): \_\_\_\_\_

Zip code: \_\_\_\_\_      Fax: \_\_\_\_\_

Country: \_\_\_\_\_      Email: \_\_\_\_\_

Emergency: \_\_\_\_\_

1.Name \_\_\_\_\_ Relationship to student \_\_\_\_\_ Telephone number \_\_\_\_\_ Email \_\_\_\_\_

2.Name \_\_\_\_\_ Relationship to student \_\_\_\_\_ Telephone number \_\_\_\_\_ Email \_\_\_\_\_

### 3. PROGRAMME CHOICE:

Please select below your first ("1") and second ("2") choices of undergraduate programme to enroll in or transfer to:

|   |  |
|---|--|
| <input type="checkbox"/> College of Art & Design<br><input type="checkbox"/> Edexcel Diploma in Foundation Studies in Art and Design<br><input type="checkbox"/> Bachelor of Arts in Fashion Design<br><input type="checkbox"/> Bachelor of Arts in Graphic Design<br><input type="checkbox"/> Bachelor of Arts in Interior Design<br><input type="checkbox"/> Bachelor of Architecture in Architectural Design | <input type="checkbox"/> College of Business and Financial Sciences<br><input type="checkbox"/> Bachelor of Business in Banking & Finance<br><input type="checkbox"/> Bachelor of Business in Human Resources<br><input type="checkbox"/> Bachelor of Business in International Business<br><input type="checkbox"/> Bachelor of Business in Marketing |
| <input type="checkbox"/> College of Law<br><input type="checkbox"/> Bachelor of Law   | <input type="checkbox"/> College of Information Technology<br><input type="checkbox"/> Bachelor of Science in Information Technology   |

**RUW reserves the right to cancel a major if the minimum number of students required to run it is not met.**



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## 4. EDUCATION AND ACADEMIC BACKGROUND:

High School name: \_\_\_\_\_ Type:  PUBLIC  PRIVATE

Address: \_\_\_\_\_  
Address Address (continued)

City, Zip code Country

Admin. contact: \_\_\_\_\_  
Fax Email

Please give details of the secondary education certificate you have earned or expect to receive:

High School  ALREADY HAVE Date graduated: \_\_\_\_\_ Overall result: \_\_\_\_\_

Diploma:  PENDING Level completed: \_\_\_\_\_ Graduation date: \_\_\_\_\_

School  SCIENCE  COMMERCE

Stream:  LITERATURE  OTHER: \_\_\_\_\_

Type of  GENERAL CERTIFICATE  U.K. CERTIFICATE

Certificate:  HIGH SCHOOL DIPLOMA

OTHER: \_\_\_\_\_

Please give further details concerning your secondary-education certificate below.

As *Certificate name* please write the official name of the award (e.g. I.B. Diploma, GCSE, GCE, etc.).

| Certificate Name | Subject | Level | Result | Certificate name | Subject | Level | Result |
|------------------|---------|-------|--------|------------------|---------|-------|--------|
|                  |         |       |        |                  |         |       |        |
|                  |         |       |        |                  |         |       |        |

### TRANSFER STUDENTS ONLY:

| Attendance |    | Name of university, college, institution or degree awarding body | Name of programme or title of degree | Credits completed | Certification awarded |
|------------|----|--|--------------------------------------|-------------------|-----------------------|
| From       | To |  |                                      |                   |                       |
|            |    |  |                                      |                   |                       |
|            |    |  |                                      |                   |                       |

You need to enclose official transcripts verified by the Bahraini Government, and the Course Catalog with this application.

**Note; Transfer Courses are provisionally approved by the College but are subject to final approval from the Higher Education Council in Bahrain**

## 5. ENGLISH PROFICIENCY:

Is English your first language?  YES  NO\*

\* If English is not your first language, you will need to enclose proof of proficiency with this application form and complete the following subsection. **Please note:** If you do not have any official evidence of your English proficiency, you will need to undertake the RUW Placement Test (a fee is assessable for this test).

English test(s) taken:  TOEFL (Type [paper/Internet]: \_\_\_\_\_)  IELTS

Score: \_\_\_\_\_ Score: \_\_\_\_\_

## 6. MATHEMATICS PROFICIENCY: (Applicable to Programmes in CIT & CBFS and Architectural Design in CAD):

Did you take Mathematics in final year of High School  YES  NO\*

If yes, what was your score  60% And Above  Below 60%\*

\* You will have to take a compulsory LAR Course in mathematics in your first semester of College



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### 7. MEDICAL INFORMATION (STRICTLY CONFIDENTIAL)\*:

Please provide details of any medical conditions from which you suffer. RUW nurse may be contacted for further information

- DIABETES
- HEART
- ASTHMA
- EPILEPSY
- ANEMIA
- ALLERGIES

OTHER: \_\_\_\_\_

MEDICATIONS/DETAILS: \_\_\_\_\_

\* You need to enclose a certificate of medical fitness from a recognized hospital, regardless of whether you suffer from any medical condition. (List of hospitals available at the Admissions Office)

### 8. SIBLING AT RUW:

Do you have a sibling studying at RUW  YES  NO

If you answered Yes, please supply details: Name: \_\_\_\_\_ RUW ID: \_\_\_\_\_

### 9. RESPONSIBILITY FOR PAYMENT:

Please state the person(s)/institution(s), which will be discharging all the financial obligations toward RUW (fees, charges, costs, etc.). **Please note:** If you are a sponsored student, your sponsor has an automatic right of access to all your academic records.

- PARENT
- GUARDIAN
- SELF
- SPONSOR\*
- SPOUSE

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Address \_\_\_\_\_ Address (continued) \_\_\_\_\_

City, Zip code \_\_\_\_\_ Country \_\_\_\_\_

Contact: \_\_\_\_\_  
Telephone number 1 \_\_\_\_\_ Telephone number 2 \_\_\_\_\_

Fax number \_\_\_\_\_ Email \_\_\_\_\_

### 10. PHOTOGRAPHS CONSENT:

Do you permit RUW to publish photographs of you on its website?  YES  NO

**Please note:** While every attempt will be made to comply with the decision of the student, it is not possible to guarantee this. Students are advised to exercise discretion during RUW events, so as to avoid being accidentally photographed.

### 11. EMPLOYMENT DETAILS:

Are you presently employed?  YES  NO (If Yes, Please attach your resume/CV)

### 12. ACCOMMODATION:

Will you require accommodation in the RUW Residence?  YES  NO

If yes, then please complete the Accommodation Agreement Form (Available at RUW Residence Building).

### 13. How did you hear about the Royal University for Women? Please select all that apply:

ADVERTISEMENT Where: \_\_\_\_\_  EXHIBITION Specify: \_\_\_\_\_

MEDIA COVERAGE Where: \_\_\_\_\_  SCHOOL VISIT Specify: \_\_\_\_\_

FRIENDS  RELATIVES  INTERNET  OTHER: \_\_\_\_\_



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### 14. DISCLAIMER:

- I **DECLARE** that the information provided in support of my admission to, and registration with, Royal University for Women is accurate and complete to the best of my knowledge. I understand that providing false or misleading information may render my admission invalid.
- I \_\_\_\_\_ undertake to conform to and observe the rules and regulations of this University for the duration of my enrollment.
- I understand that my application will be automatically withdrawn in two weeks from the date of this application, if I fail to provide any missing required documentation.
- In the case that my application is withdrawn, I understand that the application fees and registration fees are non-refundable.
- In the case of transferring from another University, I understand that I have a **one** month deadline to provide my credit transfer documents in order to be considered as a transfer student otherwise my credit transfer request will be considered void.
- I have no objection for the Office of the Registrar to contact my parents / guardian / spouse, when or if needed.

- Encl.  TRANSCRIPTS/GRADE REPORTS of the last three years of high school, certified by the certified by the Bahraini Government
- HIGH SCHOOL CERTIFICATE OF COMPLETION
  - HIGH SCHOOL WALL CERTIFICATE certified by the certified by the Bahraini Government
  - HIGH SCHOOL EQUIVALENCY LETTER from the Bahraini Examinations Directorate in Ministry of Education
  - VALID PASSPORT COPY
  - NATIONAL IDENTITY CARD COPY
  - CERTIFICATE OF MEDICAL FITNESS, from a recognized hospital
  - CERTIFICATE OF SPECIAL NEEDS, if applicable, from a recognized hospital
  - EVIDENCE OF PROFICIENCY IN ENGLISH, if English is not your first language
  - UNIVERSITY TRANSCRIPT, if a transfer student, certified by the Bahraini Government
  - COURSE CATALOG, if a transfer student, stamped by the previous university
  - WITHDRAWAL LETTER, if a transfer student, certified by the Bahraini Government
  - APPLICATION FEE
  - TRANSFER CREDIT APPLICATION FEE, if a transfer student.

Applicant: \_\_\_\_\_ / \_\_\_\_/\_\_\_\_/20  
 Name (print) Signature Date (DD/MM/YYYY)

| OFFICIAL USE ONLY:   |   |       |                   |
|--|---|-------|-------------------|
| <b>FINANCE OFFICE:</b>   |   |       |                   |
| <input type="checkbox"/> RUW Application Fee: Receipt No. _____                          |   |       |                   |
| Finance Officer: _____   | _____   | _____ | ____/____/20____  |
| Name (print)   | Signature   |       | Date (DD/MM/YYYY) |
| <input type="checkbox"/> RUW Placement Test Fee: Receipt No. _____                       |   |       |                   |
| Finance Officer: _____   | _____   | _____ | ____/____/20____  |
| Name (print)   | Signature   |       | Date (DD/MM/YYYY) |
| <input type="checkbox"/> RUW Transfer Credits Fee: Receipt No. _____                     |   |       |                   |
| Finance Officer: _____   | _____   | _____ | ____/____/20____  |
| Name (print)   | Signature   |       | Date (DD/MM/YYYY) |
| <input type="checkbox"/> RUW Registration Confirmation Fee: Receipt No. _____            |   |       |                   |
| Finance Officer: _____   | _____   | _____ | ____/____/20____  |
| Name (print)   | Signature   |       | Date (DD/MM/YYYY) |
| <b>RUW PLACEMENT TEST RESULTS:</b>   |   |       |                   |
| Test score: _____  | Test date: ____/____/20____   |       |                   |
| DETERMINATION: <input type="checkbox"/> <u>Degree Programme</u>                          | <input type="checkbox"/> <u>Orientation Programme</u> : Level _____ |       |                   |
| Director of CGS: _____   | _____   | _____ | ____/____/20____  |
| Name (print)   | Signature   |       | Date (DD/MM/YYYY) |
| <b>ELIGIBLE TO APPLY FOR DEGREE PROGRAMME:</b>   |   |       |                   |
| College: _____   | Programme: _____  |       |                   |
| <input type="checkbox"/> <u>APPROVED</u> : <input type="checkbox"/> <u>UNCONDITIONAL</u> | <input type="checkbox"/> <u>CONDITIONAL</u> :                       |       |                   |
| <input type="checkbox"/> <u>REJECTED</u> because _____                                   |   |       |                   |
| Dean of College: _____   | _____   | _____ | ____/____/20____  |
| Name (print)   | Signature   |       | Date (DD/MM/YYYY) |
| <b>REGISTRAR'S OFFICE</b>  |   |       |                   |
| Student I.D. No.: _____  |   |       |                   |
| Processed and revised by: _____  | _____   | _____ | ____/____/20____  |
| Name (print)   | Signature   |       | Date (DD/MM/YYYY) |
| Registrar: _____   | _____   | _____ | ____/____/20____  |
| Name (print)   | Signature   |       | Date (DD/MM/YYYY) |