



UNDERGRADUATE PROGRAMME APPLICATION FORM

DIN: RUW-OR/ADN-T-001

RN: 03

ED: 03/05/2018

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

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: _____

Certificate: PENDING Level completed: _____ Graduation date: _____

School SCIENCE COMMERCE

Stream: LITERATURE OTHER: _____

Type of GENERAL CERTIFICATE A level

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 (Please refer to the Transfer Declaration Form):

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 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 declare that I have received and understood the Transfer Declaration.
- I have no objection for the Office of the Admissions & Registration department 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:

FINANCE OFFICE:

- RUW Application Fee: Receipt No. _____
 Finance Officer: _____ / ____/20
 Name (print) Signature Date (DD/MM/YYYY)
- RUW Placement Test Fee: Receipt No. _____
 Finance Officer: _____ / ____/20
 Name (print) Signature Date (DD/MM/YYYY)
- RUW Transfer Credits Fee: Receipt No. _____
 Finance Officer: _____ / ____/20
 Name (print) Signature Date (DD/MM/YYYY)
- RUW Registration Confirmation Fee: Receipt No. _____
 Finance Officer: _____ / ____/20
 Name (print) Signature Date (DD/MM/YYYY)

RUW PLACEMENT TEST RESULTS:

- Test score: _____ Test date: ____/____/20
- DETERMINATION: Degree Programme Orientation Programme: Level _____
- Director of CGS: _____ / ____/20
 Name (print) Signature Date (DD/MM/YYYY)

ELIGIBLE TO APPLY FOR DEGREE PROGRAMME:

- College: _____ Programme: _____
- APPROVED: UNCONDITIONAL CONDITIONAL:
- REJECTED because _____
- Dean of College: _____ / ____/20
 Name (print) Signature Date (DD/MM/YYYY)

REGISTRAR'S OFFICE

- 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)