INFORMATION FOR APPLICANTS:

Required Documents

Thank you for your interest in the RUW postgraduate programmes. Applicants to the programme must provide the following:

- A completed application form.
- Attested original Bachelor degree documents:
  - Official academic transcripts.
  - Official wall certificate (diploma).
  - Official graduation letter (if applicable).
- Attested original high school documents:
  - Official academic transcripts/certificate of records.
  - Graduation letter.
  - Equivalency letter (if applicable).
- Original copy of a TOEFL or IELTS test score certificate.
- Two references at least.
- Two passport size photographs.
I am applying for admission to the:

☐ 1st SEMESTER (Fall)  20__/__

☐ 2nd SEMESTER (Spring) 20__/__

PERSONAL DETAILS:

Title:  
☐ Ms.  
☐ Mr.  
☐ Mrs.

First name: ____________________________

Middle names: ____________________________

Family name: ____________________________

Passport: ____________________________

Nationality: ____________________________

Number: ____________________________

Place of issue: ____________________________

Expiry date: ____________________________

Country of birth: ____________________________

Government I.D. No.: ____________________________

Date of birth (M/D/Y): _______/_____/19

Religion: ____________________________

CONTACT DETAILS:

Address: ____________________________

Telephone 1 (Student Mobile): ____________________________

City: ____________________________

Telephone 2 (Home): ____________________________

Zip code: ____________________________

Telephone 3: ____________________________

Country: ____________________________

Fax: ____________________________

Emergency: ____________________________

Name: ____________________________

Relationship to student: ____________________________

Telephone number(s): ____________________________

Next of kin: ____________________________

Name: ____________________________

Relationship to student: ____________________________

Telephone number(s): ____________________________

PROGRAMME OPTIONS:

Please select your preferred Postgraduate programme:

☐ College of Art and Design:

☐ Masters in Design Management

☐ Masters in Drawing & Painting

RUW reserves the right to cancel a major if the required minimum number of students is not met.
EDUCATIONAL AND ACADEMIC BACKGROUND:

University / College / Institute name: ____________________________

Type: ☐ PUBLIC ☐ PRIVATE

Address: ____________________________

City, Zip code: ____________________________

Country: ____________________________

Contact: ____________________________

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

Bachelor Degree Awarded: ____________________________

Date of Graduation: ____________________________

Overall/Accumulative GPA: ____________________________

High School certificate obtained: ____________________________

Date of Graduation: ____________________________

Stream: ____________________________

Please give further details concerning your undergraduate education certificate below.

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<tr>
<th>Certificate name</th>
<th>Subject</th>
<th>Level</th>
<th>Result</th>
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TRANSFER STUDENTS ONLY:

<table>
<thead>
<tr>
<th>Attendance</th>
<th>Name of university, college, institution or degree-awarding body</th>
<th>Name of programme or title of degree</th>
<th>Certification awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>From</td>
<td>To</td>
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Please enclose official transcripts verified by the Bahraini Government, and the Course Catalog with this application.

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: ____________

MEDICAL INFORMATION (STRICTLY CONFIDENTIAL)*:

Please provide details of any medical conditions from which you suffer. RUW nurse may contact you for further information if required.

☐ DIABETES ☐ HEART ☐ ASTHMA ☐ EPILEPSY ☐ ANEMIA ☐ ALLERGIES

☐ OTHER: __________________________________________________________

MEDICATIONS/DETAILS: _____________________________________________

* Please enclose a certificate of medical fitness from a recognized hospital, regardless of whether you suffer from any medical condition.
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 the right to access to all your academic records.

☐ PARENT  ☐ SELF  ☐ SPONSOR*  ☐ SPOUSE

Name: ____________________________________________________________

Address: _______________________________________________________

Address (continued)____________________________________________________________________

City, Zip code ___________________________________________ Country ____________

Contact: _______________________________________________________

Telephone number 1 __________________________________________ Telephone number 2

Fax number __________________________________________ Email __________________________________________

PHOTOGRAPHS CONSENT:

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

* If you answered ‘Yes’ please enclose a signed letter from your parent / guardian corroborating your decision.

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.

EMPLOYMENT DETAILS:

Please give details of any employment. Start with the current or most recent position. If you complete this section, you need to enclose your C.V. with this application form.

<table>
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<tr>
<th>From</th>
<th>To</th>
<th>Employer</th>
<th>Position held, responsibilities/duties</th>
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ACCOMMODATION:

Will you require accommodation in the RUW Residence? ☐ YES ☐ NO

If yes, then please complete the Accommodation Agreement Form (AVAILABLE FROM THE RESIDENCE MANAGER).

How did you hear about the Royal University for Women? Please check all relevant options:

☐ ADVERTISEMENT Where: _________________________ ☐ EXHIBITION Which: _________________________

☐ MEDIA COVERAGE Where: _________________________ ☐ INTERNET Which: _________________________

☐ FRIENDS ☐ RELATIVES ☐ OTHER: What: _________________________

DISCLAIMER:

☐ I DECLARE that the information provided in support of my admission to, and registration at 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.

Applicant: Name (print) __________________________ Signature __________________________ Date (DD/MM/YYYY) __________________________
**FINANCE OFFICE:**

- **RUW Application Fee:** Receipt No. ______________
  - Finance Officer: ______________________________
  - Name (print): ________________________________
  - Signature: ____________________________
  - Date (DD/MM/YYYY): ____________

- **RUW Placement Test Fee (if applicable):** Receipt No. ______________
  - Finance Officer: ______________________________
  - Name (print): ________________________________
  - Signature: ____________________________
  - Date (DD/MM/YYYY): ____________

- **RUW Registration Confirmation Fee:** Receipt No. ______________
  - Finance Officer: ______________________________
  - 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:**
  - Name (print): ________________________________
  - Signature: ____________________________
  - Date (DD/MM/YYYY): ____________

**ELIGIBLE TO APPLY FOR DEGREE PROGRAMME:**

- Programme: ____________________________________________________________

- **APPROVED:** [ ]
  - **UNCONDITIONAL:** [ ]
  - **CONDITIONAL:** ____________________________________________________

- **REJECTED (specify reason):** ________________________________

- **College Dean:**
  - Name (print): ________________________________
  - Signature: ____________________________
  - Date (DD/MM/YYYY): ____________

**OFFICE OF THE REGISTRAR:**

- **Student I.D. No.:** ______________
- **Processed by:**
  - Name (print): ________________________________
  - Signature: ____________________________
  - Date (DD/MM/YYYY): ____________

- **Registrar:**
  - Name (print): ________________________________
  - Signature: ____________________________
  - Date (DD/MM/YYYY): ____________

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**OFFICIAL USE ONLY:**