



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.



GRADUATE PROGRAMME APPLICATION FORM

DIN: RUW-OR/ADN-T-008

RN: 00

ED: 20/05/2012

Affix
recent
photograph
here

RUW APPLICANT ID: _____ **RUW STUDENT ID:** _____

I am applying for admission to the:

1st SEMESTER (Fall) 20__/__/__

2nd SEMESTER (Spring) 20__/__/__

PERSONAL DETAILS:

Title: Ms. First name: _____
 MR. Middle names: _____
 MRS. Family name: _____

Passport: _____ / _____ / 20__ / ____
 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): _____
 _____ Telephone 2 (Home): _____
 City: _____ Telephone 3: _____
 Zip code: _____ Fax: _____
 Country: _____ Email: _____

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.



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EDUCATIONAL AND ACADEMIC BACKGROUND:

University / College / Institute name: _____

Type: PUBLIC PRIVATE

Address: _____
Address Address (continued)

City, Zip code Country

Contact: _____
Telephone Website/Email

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.
As *Certificate name* please write the official name of the award (e.g. B.A, B.Sc., B.Com, 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 | Certification awarded |
|------------|----|--|--------------------------------------|-----------------------|
| From | To | | | |
| | | | | |
| | | | | |

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.



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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.

| From | To | Employer | Position held, responsibilities/duties |
|------|----|----------|--|
| | | | |
| | | | |
| | | | |

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

_____/_____/20_____
Date (DD/MM/YYYY)



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OFFICIAL USE ONLY:

FINANCE OFFICE:

RUW Application Fee: Receipt No. _____

Finance Officer: _____ / ____/20____
Name (print) Signature Date (DD/MM/YYYY)

RUW Placement Test Fee (if applicable): 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:

Programme: _____

APPROVED: UNCONDITIONAL CONDITIONAL: _____

REJECTED (specify reason): _____

College Dean: _____ / ____/20____
Name (print) Signature Date (DD/MM/YYYY)

OFFICE OF THE REGISTRAR:

Student I.D. No.: _____

Processed by: _____ / ____/20____
Name (print) Signature Date (DD/MM/YYYY)

Registrar: _____ / ____/20____
Name (print) Signature Date (DD/MM/YYYY)