

## UNDERGRADUATE PROGRAMME APPLICATION FORM

DIN: RUW-OR/ADN-T-001

RN: 01

ED: 18/06/2015

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  1ST SEMESTER  2ND SEMESTER  SUMMER  Have you applied	R 20/		☐ <u>VISITING</u> ☐ <u>AUDIT ST</u> I	SION R STUDENT	
	SS First name:  RS. Middle names:			/ /20	
Na	ationality	Number	Place of issue	Expiry date	
Country of birth:		G	overnment I.D. card No.:		
Date of birth (M/D	D/Y):/19	Re	eligion:		
Marital status:	☐ <u>SINGLE</u>	☐ MARRIED	☐ <u>DIVORCE</u>	<u> </u>	
2. CONTACT DE Address:  City: Zip code: Country: Emergency:	ETAILS:	Te Te Fe Er		Telephone number(s)	
Next of kin:					
Name		Relationship to student		Telephone number(s)	
College of A	pelow your first ("1") and second ("Art & Design dexcel Diploma in Foundation tudies in Art and Design achelor of Arts in Fashion Design achelor of Arts in Graphic Design achelor of Arts in Interior Design achelor of Arts in Interior Design achelor of Architecture in Ar		College of Business and Bachelor of Busi Bachelor of Busi Bachelor of Business		
☐ College of L			College of Information Te		

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. EDUCAT	TION A	ND ACADEMIC BACK	GROUND:							
High School	name:					Type:		<u>PUBLIC</u>	☐ PRIVA	<u>ATE</u>
Address:		Address				Address	(contin	noq)		
		Address				Address	(COITIII)	ueu)		
City, Zip code						Country				
Admin. contact:Fax				Email						
	_	f the secondary educa				pect to re		l result:		
High School ALREADY HAVE Date graduated:  Diploma: PENDING Level completed:					ation date:					
Біріотіа.			Levered	mpicted			Graduc	tion date.		
School		SCIENCE		☐ COMM	<u>ERCE</u>					
Stream:		LITERATURE		OTHER	<u>R:</u>					
Type of		GENERAL CERTI				ERTIFICA	<u>TE</u>			
Certificat	e:	☐ <u>HIGH SCHOOL </u>	<u>IPLOMA</u>		OTHER	<u>R:</u> _				
		letails concerning you								
As <i>Certificate</i>	e name	please write the officia	I name of t	he award	d (e.g. I.B. Diplo	oma, GCS	E, GCE,	etc.).	T	
Certificate Name		Subject	Level	Result	Certificate name		Subj	ect	Level	Result
					- name					
TRANSFER S	TUDENT	TS ONLY:								
Attenda	nce	Name of u			Name of p		)	Credits	Certif	fication
college, inst From To degree awar				I complete		completed	d awarded			
You need t	o enclo	<u> </u>	erified by tl	he Bahra	nini Government	, and the	Course	Catalog with	this appli	cation.
5. ENGLIS	H PRO	FICIENCY:								
Is English yo				☐ <u>YES</u>		□ <u>NO</u> *				
		your first language, y section. <b>Please not</b> e								
to undert	ake the	RUW Placement Test	(a fee is ass	sessable	for this test).					
English test(	s) taker	n: <u>TOEFL</u> (Typ	e [paper/Ir	iternet]:		)	☐ <u>IEL</u>	<u>rs</u>		
		Score: _		-			Sco	ore:		
		S PROFICIENCY: (Ap		_		_	chitect	ural Design in	CAD):	
,		natics in final year of	High School			∐ <u>NO</u> *	/ OO/ *			
If yes, what	•	ike a compulsory LAR	Course in m		6 And Above	☐ Below		ane		
Tou Will Ha		ike a compaisory LAR	course iii ii	latricinal	iles iii yodi iiist	SCITICSTO	Or Conc	<u></u>		
7. MEDICA	L INFO	DRMATION (STRICT	Y CONFID	ENTIAL	)*:					
		Is of any medical cond								
	<u>ABETES</u> HER:	∐ <u>HEART</u>	∐ <u>AST</u>	<u>IIVIA</u>	☐ <u>EPILEPSY</u>		<u>ANEMIA</u>	<u>4</u> ⊔ <u>A</u>	LLERGIES	<u>.</u>
		S/DETAILS:								

<sup>\*</sup> You need to enclose a certificate of medical fitness from a recognized hospital, regardless of whether you suffer from any medical condition.



## Undergraduate Programme Application Form

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SIBLING AT RU		☐ YES				
you have a sibling	∟ <u>NO</u> RUW ID:					
ou answered Yes,	ROW ID:					
RESPONSIBILI	TY FOR PAYMENT:					
				oligations toward RUW (fees, cha automatic right of access to all		
□ <u>PAR</u>	ENT GU	ARDIAN SELF	☐ SPONS	OR* SPOUSE		
me:						
dress:						
	Address		Address	Address (continued)		
	City, Zip code	<u> </u>	Country			
ntact:	Talanhana nu	unala a n 1	Talanhar			
	Telephone nu	imberi	гегерпог	ne number 2		
	Fax number		Email			
. PHOTOGRAPHS	CONSENT:					
		hs of you on its website	2?	YES* \( \square\) NO		
•		·		an corroborating your decision.		
accidentally pl	hotographed.	dvised to exercise dis	scretion during RUW	events, so as to avoid being		
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accidentally pl  . EMPLOYMENT I  ase give details of	hotographed.  DETAILS:  Tany employment. S	Start with the current o	r most recent position.			
accidentally pl  . EMPLOYMENT I ase give details of enclose your C.V	DETAILS:  Tany employment. Solution is application.	Start with the current or n form.	r most recent position.	If you complete this section, you		
accidentally pl . EMPLOYMENT I ase give details of enclose your C.V	DETAILS:  Tany employment. Solution is application.	Start with the current or n form.	r most recent position.	If you complete this section, you		
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ACCOMMODATI Il you require acco yes, then please co w did you hear abo ADVERTISEMENT MEDIA COVERAGE FRIENDS . DISCLAIMER:	DETAILS:  any employment. Solution  To  ION:  mmodation in the Rubber the Accommodation in the	Start with the current of n form.  Employer  JW Residence? odation Agreement For sity for Women? Please	e select all that apply:    SCHOOL VISIT     OTHER:	If you complete this section, you eld, responsibilities/duties  YES NO WARDEN).  Which:		

University for the duration of my enrollment.

undertake to conform to and observe the rules and regulations of this



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En	cl.   TRANSCRIPTS/GRADE REPORTS of the last three years of high school, certified by the Bahraini Government						
	☐ HIGH SCHOOL CERTIFICATE OF COMPLETION						
	☐ HIGH SCHOOL W	VALL CERTIFICATE certified by t	the Bahraini Goverr	nment			
	☐ <u>HIGH SCHOOL E</u>	QUIVALENCY LETTER					
	☐ <u>VALID PASSPOR</u>	T COPY					
	☐ <u>NATIONAL IDEN</u>	TITY CARD COPY					
	☐ <u>CERTIFICATE OF</u>	MEDICAL FITNESS, from a reco	ognized hospital				
	☐ <u>CERTIFICATE OF</u>	SPECIAL NEEDS, if applicable,	from a recognized	<u>hospital</u>			
	☐ EVIDENCE OF PR	ROFICIENCY IN ENGLISH, if Eng	lish is not your firs	t language			
		ANSCRIPT, if a transfer student,	•				
	☐ COURSE CATALO	OG, if a transfer student, stampe	ed by the previous	university			
		ETTER, if a transfer student, cer	rtified by the Bahra	ini Government			
	APPLICATION FE						
	☐ TRANSFER CRED	DIT APPLICATION FEE, if a trans	fer student.				
Applica	ant·				/ /20		
	_	Name (print)	Signa	ature	Date (M/D/Y)		
		OFFICIAL	USE ONLY:				
		2	002 0.12				
FINAL	NCE OFFICE:	5 1 1 Ma					
	RUW Application Fee	:: Receipt No.			/ /20		
	Finance Officer:	Name (print)		Signature	//20 Date (M/D/Y)		
	□ DUW Blacoment Test				•		
	□ RUW Placement Test     Finance Officer:	Г Fee: кесеірі ічо			/ /20		
	Finance Officer.	Nome (print)		Signature	//20 Date (M/D/Y)		
		Name (print)		Signature	Date (M/D/T)		
		ts Fee: Receipt No					
	Finance Officer:	Name (print)		Signature	//20 Date (M/D/Y)		
				Signaturo	Date (iii, b, 1)		
	_	onfirmation Fee: Receipt No					
	Finance Officer:	Name (print)		Signature	//20 Date (M/D/Y)		
				oigata. o	Data (, 2 ,		
RUW	PLACEMENT TEST RES	<u>ULTS:</u>		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	Test score:		Test date:	//20			
	DETERMINATION:	☐ <u>Degree Programme</u>	Orientation Pro	ogramme: Level			
	Director of CGS:				//20		
		Name (print)		Signature	Date (M/D/Y)		
<u>ELIGI</u>	BLE TO APPLY FOR DE	EGREE PROGRAMME:					
	College:		Program	me:			
	APPROVED:	UNCONDITIONAL	<u></u>				
	☐ <u>REJECTED</u> because						
	Dean of College:				//20		
		Name (print)		Signature	Date (M/D/Y)		
REGIS	STRAR'S OFFICE	Student I.D. No.:					
	Processed by:				//20		
		Name (print)		Signature	Date (M/D/Y)		
	Registrar:	Name (print)		Signature	//20 Date (M/D/Y)		