



# GRADUATE PROGRAMME APPLICATION FORM

DIN: RUW-OR/ADN-T-008

RN: 06

ED: 19/08/2024

**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 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 to the:

1<sup>st</sup> SEMESTER (Fall) 20\_\_/\_\_/\_\_

2<sup>nd</sup> 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): \_\_\_\_/\_\_\_\_/\_\_\_\_ Religion: \_\_\_\_\_

Please check your applicant status:

Local applicant  GCC applicant  International applicant

**Note; if you require a Student Visa, please request Student Visa Application Form from the Admissions Office.**

**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) Email: \_\_\_\_\_

Next of kin: \_\_\_\_\_  
 Name Relationship to student Telephone number(s) Email: \_\_\_\_\_

**PROGRAMME OPTIONS:**

Please select your preferred Postgraduate programme:

<input type="checkbox"/> College of Art and Design:	<input type="checkbox"/> College of Business & Law:
<input type="checkbox"/> Master of Fine Arts in Drawing & Painting	<input type="checkbox"/> Master of Business Administration
<input type="checkbox"/> Master of Design Management	<input type="checkbox"/> Master of International Business Law LLM (University of Liverpool)

*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: \_\_\_\_\_

### RESPONSIBILITY FOR PAYMENT:

a) 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: \_\_\_\_\_



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Contact:	Address _____	Address (continued) _____
	City, Zip code _____	Country _____
	Telephone number 1 _____	Telephone number 2 _____
	Fax number _____	Email _____

b) Declaration of Payment Undertaking

I hereby declare having received the RUW Fee Schedule for my course of study as per RUW Policy and, as such, will be liable for the financial implications involved for each semester throughout my academic study.

Name _____	Signature _____	Date: _____
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**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.

**EMPLOYMENT DETAILS (if applicable):**

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:

<input type="checkbox"/> ADVERTISEMENT	Where: _____	<input type="checkbox"/> EXHIBITION	Which: _____ <input type="checkbox"/>
<input type="checkbox"/> MEDIA COVERAGE	Where: _____	<input type="checkbox"/> INTERNET	Which: _____
<input type="checkbox"/> FRIENDS	<input type="checkbox"/> RELATIVES	<input type="checkbox"/> OTHER:	What: _____

**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 Royal University for Women to contact my parents / guardian / spouse, when or if needed in compliance with the Student Privacy Waiver Form.

- 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 Bahraini Government
- HIGH SCHOOL EQUIVALENCY LETTER from the Bahraini Examinations Directorate in Ministry of Education
- Official Bachelor transcripts.
- Official Bachelor wall certificate (diploma).



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- Official Bachelor graduation letter (if applicable).
- VALID PASSPORT COPY
- NATIONAL IDENTITY CARD COPY
- 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.
- EMPLOYMENT CERTIFICATES AND CV (IF APPLICABLE).

### PRIVACY DISCLAIMER\*:

RUW values your privacy and strives to provide you with the highest level of protection. By signing this application, you consent to the treatment of your personal and sensitive data by RUW for purposes related to our educational services in compliance with the Bahrain Personal Data Protection Law No. 30 of 2018 and RUW Privacy Statement.

Applicant Name: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/20\_\_\_

\* If you are a minor (below 21 years of age) : Name of Parent or Guardian: \_\_\_\_\_ Signature: \_\_\_\_\_

### OFFICIAL USE ONLY:

#### FINANCE OFFICE:

- RUW Application Fee: Receipt No. \_\_\_\_\_  
 Finance Officer: \_\_\_\_\_ Name (print) \_\_\_\_\_ Signature \_\_\_\_\_ Date (DD/MM/YYYY) \_\_\_/\_\_\_/20\_\_\_
- RUW Placement Test Fee (if applicable): Receipt No. \_\_\_\_\_  
 Finance Officer: \_\_\_\_\_ Name (print) \_\_\_\_\_ Signature \_\_\_\_\_ Date (DD/MM/YYYY) \_\_\_/\_\_\_/20\_\_\_
- RUW Registration Confirmation Fee: Receipt No. \_\_\_\_\_  
 Finance Officer: \_\_\_\_\_ Name (print) \_\_\_\_\_ Signature \_\_\_\_\_ Date (DD/MM/YYYY) \_\_\_/\_\_\_/20\_\_\_

#### RUW PLACEMENT TEST RESULTS:

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

#### ELIGIBLE TO APPLY FOR DEGREE PROGRAMME:

Programme: \_\_\_\_\_

- APPROVED:  UNCONDITIONAL  CONDITIONAL: \_\_\_\_\_
- REJECTED (specify reason): \_\_\_\_\_

#### College Dean:

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

#### OFFICE OF THE REGISTRAR:

- Student I.D. No.: \_\_\_\_\_
- Processed by: \_\_\_\_\_ Name (print) \_\_\_\_\_ Signature \_\_\_\_\_ Date (DD/MM/YYYY) \_\_\_/\_\_\_/20\_\_\_
- Registrar: \_\_\_\_\_ Name (print) \_\_\_\_\_ Signature \_\_\_\_\_ Date (DD/MM/YYYY) \_\_\_/\_\_\_/20\_\_\_