DIN: RUW-OR/ADN-T-008

RN: **04**ED: 31/01/2021

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 valid copy of a TOEFL: Paper-based 550, or Computer-based 210, or Internet-based 78 or IELTS test score of 6.0 certificate.
- Two references at least.
- Two passport size photographs.
- Employment certificates and CV (if applicable)



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Affix recent photograph here

RUW APPLI	CANT ID:	RUW :	STUDEN	T ID:	
I am applyin	g for admissio	n to the:			
	STER (Fall) 2			2 nd SEMESTER (Spring) 20	p_/_
PERSONAL DE	ΓAILS:				
Title:	Ms.	First name:			
	— ☐ MR.	Middle names:			
	MRS.	Family name:			
Passport:					//20
	Nationality	J	Number	Place of issue	Expiry date
Country of birt	h:			Government I.D. No.:	
Date of birth (M/D/Y):	// 19			Religion:
	your applicant	_	_		
Local applica	int 🔛	GCC applicant		International applicant	
CONTACT DETA	AILS:				
Address:				Telephone 1 (Student Mobile):	
Cit					
City: Zip code:				Telephone 3: Fax:	
Country:				Email:	
Emergency:					
	Name	Relationship to st	udent	Telephone number(s) Email:	
Next of kin:	Name	Relationship to st	udent	Telephone number(s) Email:	
		Postgraduate programme: I Design:		College of Business & Financial Sc	iences
	Masters in Desigr	_		Masters of Business Administrati	on
	Masters in Drawir				
	RUW re	serves the right to cancel a m	ajor if the	required minimum number of students is not met.	

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EDUCATIONAL	AND ACADEN	IIC BACKGROUND:						
University / Coll	ege / Institute	e name:						
Type: PUBLIC					PRIVATE			
Address:		Address				Address (continued)	-	
		City, Zip code				Country	-	
Contact:		Telephone				Website/Email	-	
Please give deta	ails of the und	ergraduate education c	certificate y	ou have ear	ned or expect to	receive:		
Bachelor Degre	e Awarded:							
Date of Gradua	tion:				Overall/Ad	ccumulative GPA:		
High School cer	tificate obtain	ned:			Date of G	raduation:		
Stream:								
		ncerning your undergra ite the official name of						
Certificate name		Subject	Level	Result	Certificate name	Subject	Level	Result
TRANSFER STU	DENTS ONLY:							
Attend	lance	college, ir	university,	r		Name of programme or	Certificat	ion awarded
From	То	degree-aw	varding boo	ly		title of degree		
	Please enclos	se official transcripts ve	erified by th	ne Rahraini	Government and	the Course Catalog with this ap	nlication	
	ricase chelos	se official transcripts ve	. mea by a	ic bariraini	dovernment, and	The course catalog with this app	pincacion:	
ENGLISH PROFI			_	7				
Is English your f				<u>YES</u>	6	NO*		
Please note						s application form and complete will need to undertake the RUW		
English test(s) taken: TOEFL (Type [paper/Internet]:) IELTS								
		Score:				Score:		
MEDICAL INCO	DMATION /CT	DICTLY CONFIDENTIAL	١*٠					
Please provide	•	RICTLY CONFIDENTIAL) medical conditions fron HEART	n which you	ı suffer. RU HMA	JW nurse may con	stact you for further information	if required.	
	THER:			<u>-</u>				•
MEDIC	ATIONS/DETA	ILS:						



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RESPONSIBILITY	FOR PAYMENT
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	SE	ELF SPC	<u>ONSOR</u>	<u>SPOUSE</u>	
ne:					
ress:	Address		_	Address (continued)	
	City, Zip code		_	Country	
ntact:	Telephone numb	per 1	_	Telephone number 2	
	Fax number		_	Email	
Declaration of Paymen	t Undertaking				
eby declare having receiv	ved the RUW Fee So	hedule for my course of st	udy as per RUW Po	olicy and, as such, will b	e liable for the financia
cations involved for each	n semester through	out my academic study.			
ne		Signature	Date:		
are advised to exerci ————————————————————————————————————	se discretion during pplicable): ployment. Start wit	made to comply with the gRUW events, so as to avoi	d being accidental	ly photographed.	ou need to enclose yo
Г Т	0	Employer		Position held, resp	onsibilities/duties
From T					
From T					
From T					
From T					
From T					
OMMODATION:	ion in the RUW Res	idence?		YES	□ NO
COMMODATION: you require accommodat		idence? n Agreement Form (AVAILA	BLE FROM THE RES		□ NO
COMMODATION: I you require accommodates, then please complete to	the Accommodation				□ NO
COMMODATION: I you require accommodates, then please complete to	the Accommodation	n Agreement Form (AVAILA		JIDENCE MANAGER).	NO Which:
COMMODATION: I you require accommodates, then please complete to	the Accommodation	n Agreement Form (AVAILA	relevant options:	JIDENCE MANAGER).	



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FRIENDS	RELATIVES	OTHER:	What:			
CISCLAIMER:						
	REDIT APPLICATION FEE, if a transfer student. CERTIFICATES AND CV (IF APPLICABLE).					
Applicant:	Name (print)	Signature				
PRIVACY DISCLAIMER*:						
RUW values your privacy and	d strives to provide you with the highest level of p	protection. By signing this appl	ication, you consent to the treatment of			
your personal and sensitive	data by RUW for purposes related to our education	onal services in compliance wit	h the Bahrain Personal Data Protection Law			
No. 30 of 2018 and RUW Priv	vacy Statement.					
Applicant:	Name	Signature	Date//20			
* If you are a minor (below 2	21 years of age) : Name of Parent or Guardian:	Sign	ature:			
	OFFICIAL U	SE ONLY:				
FINANCE OFFICE:						
RUW Application	on Fee: Receipt No.					
Finance Officer:						
_	Name (print)	Signature	Date (DD/MM/YYYY)			
	nt Test Fee (if applicable): Receipt No					
Finance Officer:	Name (print)	Signature				



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	RUW Registration Conf	irmation Fee: Receipt No			
	Finance Officer:	Name (print)		Signature	//20 Date (DD/MM/YYYY)
RUW P	LACEMENT TEST RESULTS: Test score:		Test date:		
	DETERMINATION:	Degree Programme	Orientation Pro	ogramme: Level	
	Director of CGS:	Name (print)		Signature	//20 Date (DD/MM/YYYY)
ELIGIBI	LE TO APPLY FOR DEGREE PR	OGRAMME:			
Prograi	mme:				
	APPROVED:	UNCONDITIONAL	CONDITIONAL:	·	
	REJECTED (specify reaso	on):			
	College Dean:	Name (print)		Signature	//20 Date (DD/MM/YYYY)
OFFICE	OF THE REGISTRAR:				
	Student I.D. No.:				
	Processed by:	Name (print)		 Signature	//20 Date (DD/MM/YYYY)
	Registrar:	Name (print)		Signature	//20 Date (DD/MM/YYYY)