RCSI MEDICAL UNIVERSITY OF BAHRAIN

School of Postgraduate Studies & Research

ACCEPTANCE OF OFFER

Self-funding Students

I accept the offer of a place in RCSI Bahrain's MSc Nursing Programme, commencing 2025 and enclose proof of electronic transfer of US$ _____ as payment of my;

☐ Deposit ☐ Tuition Fees (check appropriate box).

Sponsored Students

If your tuition fees are paid by means of a Scholarship or Sponsor, please indicate the name of the Scholarship/Sponsoring body_____ **AND** attach a confirmation letter from the awarding body.

(Please Note: Conditions for Self-funding will apply if a valid sponsorship letter is not provided)

RCSI Bahrain - Alumni Discount

If you are an RCSI Bahrain Alumni, you are eligible for a 20% discount. To avail of this discount, please complete the following.

_____ _____

Programme/Year **Previous Student Number**

Sibling Discount

If you have a sibling currently studying in RCSI Bahrain, you are eligible for a 10% discount. To avail of this discount, please complete the following:

_____ _____ _____

Sibling Name **Programme /Year** **Student Number**

Declaration

I acknowledge that, in accordance with the RCSI Bahrain Fee Policy, this deposit is non-refundable as are the remainder of the fees for the academic year. I also understand that once registered I am bound by the regulations set out in the RCSI Bahrain Fee Policy.

Student Name: ……**ID Number:** ……

Signature of Student…… **Date:** ……

Student Home Address

Flat/ House …… **Building**……
Road …… **Block** ……
City…… **Country** ……