RCSI MEDICAL UNIVERSITY OF BAHRAIN

ACCEPTANCE OF OFFER

I accept the offer of a place in RCSI Medical University of Bahrain, commencing 2026 (**check appropriate box**). ☐ Medicine Programme ☐ Medical Commencement Programme ☐ BSc Nursing Programme

Self-funding Students

As a Self-funding Student, I do enclose proof of electronic transfer of US$---------- as payment of my; (**check appropriate box**). ☐ Deposit ☐ Tuition Fees

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.

Sibling Discount:

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

Please Note: The discount does not apply if one or all siblings are partially/fully sponsored. The discount is limited to self-funded students.

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

Student Home Address

Flat/ House ---------- **Building** ----------

Road ---------- **Block** ----------

City ---------- **Country** ----------

Declaration

I acknowledge that, in accordance with the RCSI Medical University of Bahrain Fees 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 Medical University of Bahrain Fee Policy.

Student Name: ---------- **ID Number:** ----------

Signature of Student: ---------- **Date:** ----------

I being the Father / Guardian do hereby accept this agreement and confirm that the information provided within is accurate and true.

Name of Father / Guardian: ----------

Signature of Father / Guardian: ----------

Address of Father / Guardian: ----------