



EMBASSY OF THE STATE OF KUWAIT
Cultural Office
3500 International Dr. NW
 Washington, DC 20008

VERIFICATION OF ADMISSION/ENROLLMENT

In compliance with the Kuwait Ministry of Higher Education’s regulations, we are seeking your assistance in verifying information regarding the **privately-funded student** whose name appears below. **This is for admission authentication purposes only and not authentication of prior credits earned.**

This form is to be completed by a school representative and sent **directly** by the school to the Embassy of the State of Kuwait – Cultural Division to: Fax – 202.363.8394 Attn: Katrina, or e-mail – kmontemayor@kuwaitculture.com.

Student Information:

Name: _____
 University (include campus): _____
 Degree: _____
 Major: _____ Concentration (if Any): _____ Minor (if any): _____

- 1. Term/year of current enrollment: _____
- 2. Country of study: USA Other: _____
- 3. Type of program: Fulltime Day Evening Other: _____
- 4. Enrollment is at the Main Campus: Yes No - please clarify: _____
- 5. Enrollment status: Fulltime Part-time
- 6. Start date/term into the program: _____ End/anticipated graduation date/term: _____

Initial attendance
 Transfer from: _____ (Classification: Freshman Sophomore Junior Senior Graduate)
 If transfer, please confirm receipt of all academic records: Yes No

- 7. Are there mandatory online/hybrid/nontraditional courses to obtain the degree? Yes No
 Indicate course/s and number of credits: _____

- 8. Registered for/completed any nontraditional courses (i.e., online, hybrid/web enhanced/blended, distance education, independent/directed study, correspondence, credit by exam, weekend courses, iTV or pre-recorded lectures, continuing education, satellite campus, etc.): Yes No

(List nontraditional course/s below. If more space is needed, please use a new form.)

| COURSE TITLE | # OF CREDITS | COURSE TYPE | % OF ONLINE COMPONENT (25%, 50%, 75%, 100%) | APPLIED TOWARDS DEGREE (YES OR NO) |
|---------------------|---------------------|--------------------|--|---|
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Verified by: _____ Date: _____
 School Representative Name: _____ University Seal/Signature: _____
 Phone: _____ Email: _____