



EMBASSY OF THE STATE OF KUWAIT
CULTURAL DIVISION

3500 INTERNATIONAL DRIVE, N.W., WASHINGTON, D.C. 20008 TELEPHONE: (202) 364-2100 FAX: (202) 363-8394/ (202) 362-4379

Requirements for Health Insurance for Private Unsupervised

Date: _____

Personal Information:

Name: _____

Kuwait Civil ID: _____

Embassy ID: _____

Home Address: _____

Email Address: _____

Telephone

Home: _____

Mobile: _____

School Information:

University: _____

Degree: _____

Major: _____

Term/Year of Admission: _____

Please put a check mark (✓) in the box if provided:

1. Please note the following criteria to health insurance eligibility: <input type="checkbox"/> Admission to ESL <input type="checkbox"/> for Bachelor's degree (35 years old and under) <input type="checkbox"/> for Graduate's degree <input type="checkbox"/> Admission to Bachelor's – (35 years old and under) <input type="checkbox"/> Admission to Master's <input type="checkbox"/> Admission to Ph.D. <input type="checkbox"/> OPT (Optional Practical Training)	<input type="checkbox"/>
2. Admission Certification (See Admission Certification Checklist)	<input type="checkbox"/>
3. Copy of Visa	<input type="checkbox"/>
4. Copy of I-94 form	<input type="checkbox"/>
5. 2 Passport size pictures	<input type="checkbox"/>

**Email all documents specified in this checklist to Ms. Sohair Khalid: skhalid@kuwaitculture.com (Tel #202-364-2136)*