

PERSONAL DATA SHEET

Name: _____

(Please print name as it appears on Passport. Indicate other spelling of name, if any, by the School)

School: _____

Date of Birth (MM/DD/YY): _____

Place of Birth: _____

Passport No: _____

Civil I.D. No.: _____

Date Issued (MM/DD/YY): _____

Place of Issue: _____

Permanent Address: _____

Telephone Number: (Home) _____

(Cell) _____

Height: _____

Weight: _____

Father's Name: _____

Age: _____

Occupation: _____

Mother's Name: _____

Age: _____

Occupation: _____

Number of Brothers: _____

Sisters: _____

For Married Students' ONLY:

Spouse's Name as it appears on passport: _____

Children's Names and Ages:

Name

Birthdate

Name

Birthdate

Spouse's Passport Number: _____

Date Issued (MM/DD/YY): _____

Place of Issue: _____

Check One:

Family will accompany me

Follow later

Remain in Kuwait

Check Program:

Ministry of Higher Education

Kuwait University

Civil Service

KISR

KIA

PAAET

KPC

Study Leave With Pay

Private

Study Leave Without Pay

Other _____

What do you plan to study? _____

Degree: _____

When do you plan to start English? _____

When do you plan to start Academic work? _____

Period for which scholarship is granted: _____ Years _____ Months

Secondary Schools and Colleges Attended:

From	To	Name of School	Degree
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Besides above schools, did you have any other opportunity to practice as English? (e.g. Summer in England) _____ Yes _____ No

If Yes, when and where? _____

In your previous schooling, where any subjects taught in English? _____ Yes _____ No

If Yes, please list them: _____

Signature _____ Date _____

Please do not write below this line

Date Received : _____

Date of U.S. Arrival (I-94) : _____

Type of Visa : _____

English Language School : _____

Regular Program School : _____

Local Program School : _____

I.D. Number : _____



**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

RELEASE OF INFORMATION AUTHORIZATION FORM

Date _____

To Whom It May Concern:

This is to authorize the university where I am currently enrolled or have attended in the past to release information related to my studies to my sponsors, the Embassy of the State of Kuwait, Washington, D.C.

Specifically, I acknowledge that as part of my sponsorship / scholarship award, my sponsors are allowed access to the following information:

- 1. My registration and grades for each academic term & one official transcript at the end of the academic year.**
- 2. A final official transcript upon my graduation after my degree has been posted.**
- 3. Disclosure by the university of any situation, academic or personal, that may affect my current or future enrollment at the university.**
- 4. Complete disclosure of any disciplinary or punitive action taken by the university either for academic or personal conduct violations.**

This statement allows the university to release the information indicated both in written or oral communication with the representatives of my sponsor, the Embassy of the State of Kuwait – Cultural Division.

Signed: _____

Printed Name: _____

University ID (if available): _____