

## 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

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**

2111 WILSON BLVD, SUITE 500, ARLINGTON, VA 22201 -TELEPHONE: (202) 364-2100

**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): \_\_\_\_\_