



**EMBASSY OF THE STATE OF KUWAIT**  
THE PUBLIC AUTHORITY FOR APPLIED EDUCATION AND TRAINING

3500 International Drive, N.W., Washington, D.C. 20008 Telephone: (202) 364-2100 Fax: (202) 363-8394/ (202) 362-4379

**ANNUAL TICKET ALLOWANCE/TICKET AUTHORIZATION FORM**

**A: STUDENT INFORMATION** (To be completed by ALL students)

_____	_____	_____
Student's Name	Embassy ID#	Embassy Advisor
Address: _____		
Phone #: _____	E-mail: _____	
DEPENDENTS: _____		
Name of Spouse: _____		
Child/Children's Name (Per regulation, 3 children maximum)	Date of Birth	
_____	_____	
_____	_____	
_____	_____	

**B: REQUEST FOR TICKET ALLOWANCE AND STATEMENT OF GUARANTEE** (Please check the applicable box)

**I'm requesting a:**

- |   |   |
|---|---|
| <input type="checkbox"/> Ticket Allowance | <input type="checkbox"/> Ticket Authorization |
| <input type="checkbox"/> Summer Ticket    | <input type="checkbox"/> December Ticket      |

I am planning to travel to Kuwait before the term grades are available. I guarantee that I have earned a minimum of 30 semester/45 quarter hours with "C" average since my last ticket. I will repay the cost of the ticket if I fail to meet these requirements.

\_\_\_\_\_  
Student's Signature

**C: TRANSCRIPT RELEASE CERTIFICATION**

To be completed by ALL students and taken to the Registrar's Office at your school for signature and official stamp

_____	_____
Name of School	Major Field of Study

This is to certify that I have filed a request with the Registrar of the above school to forward one copy of my transcript after the end of the term and grades are ready, to the following address:

**Embassy of the State of Kuwait – Cultural Division**  
**Ministry of Higher Education**  
**3500 International Drive, NW**  
**Washington, DC 20008**

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Signature and Stamp of Registrar