

STUDY PLAN

Please complete this form beginning with $\underline{initial}$ term and continuing through each term until the expected date of graduation. List the courses needed to complete the degree requirements by semester/quarter.

Name:				ID#: Major :				
Total # of Credits Required: Remaining				Credits:	Transfer Credits: _			
University A	dvisor:				Phone Number:			
University A	dvisor Signature:			Advisor Email:				
Date Signed:								
TERM:		YEAR:		TERM:		YEAR:		
Course No.	Course Name		Credits	Course No.	Course Name		Credits	
		I						
TERM:		YEAR:		TERM:		YEAR:		
Course No.	Course Name		Credits	Course No.	Course Name		Credits	
		l						
TERM:		YEAR:		TERM:		YEAR:		
Course No.	Course Name		Credits	Course No.	Course Name		Credits	

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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

TERM:	YEAR:		TERM:	YEAR:	
Course No.	Course Name	Credits	Course	Course Name	Credits
			No.		
					ı
TERM:	YEAR:		TERM:	YEAR:	
Course No.	Course Name	Credits	Course No.	Course Name	Credits
			140.		
TEDAA.	VEAD.		TEDA4.	VEAD.	1
TERM:	YEAR:		TERM:	YEAR:	
Course No.	Course Name	Credits	No.	Course Name	Credits
			140.		
					1
TERM:	YEAR:		TERM:	YEAR:	
Course No.	Course Name	Credits	Course	Course Name	Credits
			No.		
		†			
					1
TERM:	YEAR:		TERM:	YEAR:	
Course No.	Course Name	Credits	Course No.	Course Name	Credits
		+	IVU.		
		1			
		1			

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