EMBASSY OF THE STATE OF KUWAIT
Cultural Division
3500 International Dr. NW
Washington, DC 20008

SUMMARY OF ACADEMIC HISTORY

Name of Student: _____

Civil ID #: _____

Date of High School Graduation: _____

High School Institution: _____

**Please indicate all colleges/universities attended immediately after high school graduation in chronological order (by date).*

Semester OR Term	Year	Name of School	Total Credits Earned	Enrolled Full-Time (√)	Not Enrolled (X)