



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

**VERIFICATION OF NONTRADITIONAL COURSES**

In compliance with the Kuwait Ministry of Higher Education’s regulations, we are seeking your assistance in verifying the information regarding the **privately-funded student** whose name appears below.

This form is to be completed by a University representative and sent to the Cultural Office of the Embassy of the State of Kuwait to: Fax – 202.363.8394, Attention: \_\_\_\_\_ or e-mail - \_\_\_\_\_ **(student: please indicate).**

**Student Information:**

Name: \_\_\_\_\_ Embassy ID #: \_\_\_\_\_

University (include campus): \_\_\_\_\_ University ID #: \_\_\_\_\_

Degree: \_\_\_\_\_

Major: \_\_\_\_\_ Concentration (if Any): \_\_\_\_\_ Minor (if any): \_\_\_\_\_

1. Country of study:  USA  Other: \_\_\_\_\_
2. Completed all coursework at the Main Campus:  Yes  No: Please clarify: \_\_\_\_\_
3. Enrollment status while in program:  Fulltime  Part-time
4. Start term/year into the program: \_\_\_\_\_ End term/year: \_\_\_\_\_
5. Registered for/completed any nontraditional courses (i.e. online, hybrid/web enhanced/blended, distance education, independent/directed study, correspondence, credit by exam, continuing education, satellite campus, etc.):  Yes  No

(List nontraditional course/s below. If more space is needed, please use a new form.)

COURSE TITLE	# OF CREDITS	COURSE TYPE	% OF ONLINE COMPONENT (25%, 50%, 75%, 100%)	APPLIED TOWARDS DEGREE (YES OR NO)

Verified by: \_\_\_\_\_

Date: \_\_\_\_\_

School Representative Name: \_\_\_\_\_

University Seal/Signature: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_