

PERSONAL DATA SHEET

Name : _____

(Same as in 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: _____

Tel. No.: _____

Height: _____ Weight: _____ lbs.

Father's Name: _____ Age: _____

Occupation: _____

Mother's Name: _____ Age: _____

Occupation: _____

Number of Brothers: _____ Sisters: _____

For Married Students ONLY:

Spouse's Name: _____

Children's Name and Ages:

Name	Age	Name	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If spouse has a separate passport, Passport No.: _____

Date Issued (MM/DD/YY): _____ Place of issue: _____

Check one:

- Family will accompany me
 Follow later
 Remain in Kuwait

Check Program:

- | | |
|--|--|
| <input type="checkbox"/> Ministry of Education | <input type="checkbox"/> Kuwait University |
| <input type="checkbox"/> Civil Service | <input type="checkbox"/> Study Leave with pay |
| <input type="checkbox"/> Private | <input type="checkbox"/> Study Leave without pay |
| <input type="checkbox"/> 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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Besides above schools, did you have any other opportunity to practice English? (e.g. summer in England) Yes No
If Yes, when and where? _____

In your previous schooling, were 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**

3500 International Drive, N.W., Washington, D.C. 20009 Telephone: (202) 364-2100 Fax: (202) 365-8394/ (202) 362-4379

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): _____