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

STUDY PLAN

Please complete the form beginning with the _____ term and continuing through each term until the expected date of graduation. List by semester/quarter the coursework needed to complete degree requirements **(BY NUMBER, NAME & NUMBER OF CREDITS)**.

Name: ID#:
Major:
School:
Prospective Date of Graduation:
Total Number of Credits Required:
Advanced Standing/Transfer Credits:
University Advisor:

(Please print)

University Advisor's Telephone:
University Advisor's Signature:

PROJECTED COURSE OF STUDY

Term: _____ Year: _____

Course	Credit

Term: _____ Year: _____

Course	Credit

Term: _____ Year: _____

Course	Credit

Term: _____ Year: _____

Course	Credit

Term: _____ Year: _____

Course	Credit

Term: _____ Year: _____

Course	Credit

Term: _____ Year: _____

Course	Credit

Term: _____ Year: _____

Course	Credit

Term: _____ Year: _____

Course	Credit

Term: _____ Year: _____

Course	Credit