



**EMBASSY OF THE STATE OF KUWAIT  
CULTURAL DIVISION**

2111 WILSON BLVD, SUITE 500, ARLINGTON, VA 22201 TELEPHONE: (202) 364-2100 FAX: (202) 363-8394/ (202) 362-4379

**FULL DISCLOSURE OF EDUCATIONAL BACKGROUND**

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

To Whom It May Concern:

**I hereby certify that I have provided the Cultural Division and the U.S. schools the complete and accurate information regarding my educational background.**

**Please check all the situations that apply to you:**

- I just graduated from high school and have not taken any courses after high school.
- I have taken an English language course after my high school graduation.  
*\*I am submitting my English language certificate (attached)*
- I have taken college courses after I graduated from high school, but I did not complete the courses and I withdrew from the school.  
*\*I am submitting my college/university transcript/s indicating that you withdrew (attached)*
- I have completed some college courses.  
*\*I am submitting my college/university transcript/s (attached)*
- There is a gap in my educational history.  
*\*I am submitting a short statement explaining my activities during this period (attached)*
- I did not declare my college courses in my application to the U.S. university.  
*\*I am informing the U.S. university about my college enrollment by email and I will submit to them my college/university transcript/s for review and to receive a final decision on my application. I will copy the Cultural Division on the email that I will send to the U.S. university*

**IMPORTANT: I understand that if I did not submit complete and accurate information regarding my educational background, U.S. universities may deny my application, withdraw my admission, or terminate me from the school, and that I may face deportation from the U.S.**

**I confirm that I have carefully read the information above and that I fully understand the meaning and intent of this document.**

Student's Signature: \_\_\_\_\_

Name (as reflected on the passport): \_\_\_\_\_

Civil ID Number: \_\_\_\_\_ Passport Number: \_\_\_\_\_

Date of Birth (Month/Day/Year): \_\_\_\_\_

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