



**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

**STUDENT INFORMATION** (To be completed by ALL students)

_____	_____
<b>Student's Name</b>	<b>University</b>
_____	_____
<b>Major</b>	<b>Degree</b>

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

Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Travel Date(s):** \_\_\_\_\_

**Name of Spouse:** \_\_\_\_\_

<b>Child/Children</b>	<b>Date of Birth</b>
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_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**I'm requesting a:**

- ☐ **Annual Ticket Allowance**
- ☐ **Field Trip Ticket Allowance**
- ☐ **Final One Way Ticket Allowance**

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This is to certify that I have read the Kuwait University Scholarship Regulations regarding the ticket allowance and understand that I am officially requesting my annual ticket allowance to be released.

_____	_____
<b>Student's Signature</b>	<b>Date</b>