



**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)**

**Student's Name** \_\_\_\_\_ **University** \_\_\_\_\_

**Major** \_\_\_\_\_ **Degree** \_\_\_\_\_

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

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

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

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

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

I'm requesting a:

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

---

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.

\_\_\_\_\_ **Student's Signature**

\_\_\_\_\_ **Date**