



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

STATEMENT OF UNDERSTANDING  
(FOR MASTERS SCHOLARSHIP APPLICATION)

I \_\_\_\_\_ with Embassy ID# \_\_\_\_\_  
(Student's Printed Full Name)

and Kuwait Civil ID no. \_\_\_\_\_ understand and will comply with the following:

1. I have secured unconditional admission to the \_\_\_\_\_  
(specific Master's program and major)  
from \_\_\_\_\_ for the \_\_\_\_\_ term.  
(University Name) (term / year)
2. I am admitted to an approved Post-Professional Master's program that is a traditional full-time day program offered through face-to-face classroom format at the university's main campus. ***(This statement must be supported by an official letter from the university which should also indicate that the program is post-professional and there are no mandatory weekend courses required for the master's program).***
3. I am aware that I must gain admission into a Master's program within the prescribed period after completion of my undergraduate degree in accordance with MOHE regulations.
4. I understand that I am allowed a maximum of two (2) non-traditional courses during my Master's.
5. I will not take any distance education, correspondence, credit by exam, continuing education, satellite campus, and weekend courses.
6. I understand that I must take all my courses through weekday classroom attendance at the main campus.
7. I understand that I must remain at my study location throughout my master's studies. Prior approval from the Cultural Office is required if I have to leave my study location.
8. I am not eligible to request for Optional Practical Training scholarship if I am approved for a master's scholarship.
9. I understand that my case will be presented to the Academic Committee of the Cultural Office and submitted to the Ministry of Higher Education for review and approval. The final decision on granting the Masters scholarship is made by the Ministry.

Student Signature \_\_\_\_\_

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