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

STUDY PLAN

Please complete this form beginning with _____ term and continuing through each term until your expected date of graduation. List the courses needed to complete your degree requirements by semester/quarter.

NAME: _____ **ID#:** _____ **MAJOR:** _____

SCHOOL: _____ **PROSPECTIVE GRADUATION DATE:** _____

Total # of Credits Required: _____ **Remaining Credits:** _____ **Transfer Credits:** _____

University Advisor: _____ **Phone Number:** _____

University Advisor Signature: _____ **Advisor Email:** _____

Date Signed: _____

TERM: **YEAR:**

Course No.	Course Name	Credits

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