



EMBASSY OF THE STATE OF KUWAIT
CULTURAL DIVISION

3500 International Drive, N.W., Washington, D.C. 20008 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: _____ Advanced Standing/Transfer Credits: _____
Student's University Advisor: _____ Phone Number: _____
Student's University Advisor Signature: _____ Email Address: _____

TERM: _____ YEAR: _____

Course No.	Course Name	Credits

TERM: _____ YEAR: _____

Course No.	Course Name	Credits

TERM: _____ YEAR: _____

Course No.	Course Name	Credits

TERM: _____ YEAR: _____

Course No.	Course Name	Credits

TERM: _____ YEAR: _____

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