



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

PATHWAY PROGRAM RULES AND
STUDENT RESPONSIBILITIES

I, _____, with Embassy ID _____,
(student)

am enrolled in the pathway program at _____
(university)

for the _____ term. I understand the following regulations regarding pathway enrollment:

- I am allowed pathway enrollment for one term only.
- The approved pathway term will be considered as my first academic term per Ministry regulations.
- I must obtain full academic admission for the _____ term.
- I must obtain the IELTS/TOEFL score required by the Ministry and the university for my academic admission to be accepted and certified.

Signature: _____ Civil ID: _____ Date: _____