August 14, 2026

# PERSONAL DATA SHEET

Name:
(Please print name as it appears on Passport. Indicate other spelling of name, if any, by the School)
School:

Date of Birth (MM/DD/YY): Place of Birth:
Passport No: Civil I.D. No.:
Date Issued (MM/DD/YY): Place of Issue:
Permanent Address:

Telephone Number: (Home) (Cell)
Height: Weight:

Father's Name: Age:
Occupation:
Mother's Name: Age:
Occupation:
Number of Brothers: Sisters:
For Married Students' ONLY:
Spouse's Name as it appears on passport:
Children's Names and Ages:

| Name | Birthdate | Name | Birthdate |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

Spouse's Passport Number:
Date Issued (MM/DD/YY): Place of Issue:

Check One:

- ___ Family will accompany me
- ___ Follow later
- ___ Remain in Kuwait

Check Program:

- ☐ Ministry of Higher Education
- ☐ Civil Service
- ☐ KIA
- ☐ KPC
- ☐ Private
- ☐ Other
- ☐ Kuwait University
- ☐ KISR
- ☐ PAAET
- ☐ Study Leave With Pay
- ☐ Study Leave Without Pay

What do you plan to study? _____
Degree: _____
When do you plan to start English? _____
When do you plan to start Academic work? _____
Period for which scholarship is granted: _____ Years _____ Months
Secondary Schools and Colleges Attended:

| From | To | Name of School | Degree |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

Besides above schools, did you have any other opportunity to practice as English? (e.g. Summer in England) ☐ Yes ☑ No
If Yes, when and where? _____

In your previous schooling, where any subjects taught in English? ☐ Yes ☐ No
If Yes, please list them: _____

_____ _____
Signature Date

## Please do not write below this line

Date Received : _____

Date of U.S. Arrival (I-94) : _____

Type of Visa : _____

English Language School : _____

Regular Program School : _____

Local Program School : _____

I.D. Number : _____

EMBASSY OF THE STATE OF KUWAIT
CULTURAL DIVISION
2111 WILSON BLVD, SUITE 500, ARLINGTON, VA 22201 -TELEPHONE: (202) 364-2100

# RELEASE OF INFORMATION AUTHORIZATION FORM

Date _____

**To Whom It May Concern:**

This is to authorize the university where I am currently enrolled or have attended in the past to release information related to my studies to my sponsors, the Embassy of the State of Kuwait, Washington, D.C.

Specifically, I acknowledge that as part of my sponsorship / scholarship award, my sponsors are allowed access to the following information:

1. **My registration and grades for each academic term & one official transcript at the end of the academic year.**
2. **A final official transcript upon my graduation after my degree has been posted.**
3. **Disclosure by the university of any situation, academic or personal, that may affect my current or future enrollment at the university.**
4. **Complete disclosure of any disciplinary or punitive action taken by the university either for academic or personal conduct violations.**

This statement allows the university to release the information indicated both in written or oral communication with the representatives of my sponsor, the Embassy of the State of Kuwait – Cultural Division.

Signed: _____

Printed Name: _____

University ID (if available): _____