Consulate General of the State of Kuwait Kuwait Cultural Office Los Angeles

Name: _____



القنصلية العامة لدولة الكويت المكتب الثقافي الكويتي لوس أنجلوس

Civil ID#: _____

ACADEMIC HISTORY FORM

Date of High School Graduation:		High School Institution:	High School Institution:	
High School Track	κ: Art / Science (C	hoose) Scholarship Major:		
*Please include	all colleges/univ	ersities attended after high school graduation.(This includes universities outside o	f the United States)	
Semester	Year	Name of School Attended	Transcript Please check if submitted.	