



**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

In signing below, I acknowledge that these are the required courses within my degree program which I must successfully complete in order to earn my undergraduate degree.

Student Name: \_\_\_\_\_

Student Cultural Office ID: \_\_\_\_\_

Date: \_\_\_\_\_

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



**القنصلية العامة لدولة الكويت  
المكتب الثقافي الكويتي  
لوس أنجلوس**