



TRANSFER CREDIT EVALUATION FORM

The Kuwait Cultural Office requests that you complete this transfer credit evaluation

Basic Information

Student Name: _____ Student ID #: _____

University: _____ Term: _____

Enrollment Status: _____ Anticipated Graduation Date: _____

Academic Information

Degree Type: _____

Major: _____

Concentration: _____

Total Credits Transferred: _____

Total Credits Applied toward Degree: _____

Institutional Credits Earned (If any): _____

Total Credits Required for degree completion: _____

University Advisor: _____ Phone Number: _____

University Advisor Signature: _____ Email Address: _____