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



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: Art / Science (Choose)		Choose) Scholarship Major:	Scholarship Major:	
*Please include	all colleges/unive	ersities attended after high school graduation.(This includes universities outside of the	he United States)	
Semester	Year	Name of School Attended	Transcript Please check if submitted.	