Consulate General of the State of Kuwait

Kuwait Cultural Office

Los Angeles

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القنصلية العامة لدولة الكويت

المكتب الثقافي الكويتي

لوس أنجلوس

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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 Major: _____

Total Credits Applied toward Electives/General Education Requirements: _____

Institutional Credits Earned (If any):_____

Total Credits Required for Degree Completion: _____

Total Credits Remaining: _____

University Advisor: _____   Phone Number: _____

University Advisor Signature: _____   Email Address: _____

Date: _____