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

Name:



القنصلية العامة لدولة الكويت المكتب الثقافي الكويتي لوس أنجلوس

STUDY PLAN

Please complete the form beginning with the and continuing through each term until the expected date of graduation. List by semester/quarter the coursework needed to complete degree requirements (BY NUMBER, NAME, & NUMBER OF CREDITS).

ID#:

Major: School:			
Prospective Date of Gra Total Credits Required for Credits Previously Earne Total Credits Remaining University Advisor (Plea University Advisor's Tele University Advisor's Sigr Date:	or Degree Comp ed That Count To : se Print): ephone:		
PROJECTED COURSE	OF STUDY		
Term:	Year:	Term:	Year:
Course	Credit	Course	Credit
Total Credits		Total Credits	
Term:	Year:	Term:	Year:
Course	Credit	Course	Credit
Total Credits	3	Total Credits	
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Term:	Year:	Term:	Year:
Course	Credit	Course	Credit
Total Credits		Total Credits	
Term:	Year:	Term:	Year:
Course	Credit	Course	Credit
Total Credits		Total Credits	
Term:	Year:	Term:	Year:
Course	Credit	Course	Credit
Total Credits		Total Credits	