SA/11

Kuwait University

College of Graduate Studies

Request for Studying Courses at Other Academic Institution

Student Name:

Student No:

Program:

College:

Details about the course(s) which the student wants to study*

Course No.	Course Title	Credits	Academic Institution	Country	Study Period (Month/Year)	
					From	То

Program Committee**

Courses to be studied outside Kuwait University					
Course Title	Credits				
	University				

Equivalent courses in the student's major sheet at Kuwait University						
Course No.	Course Title	Credits				

Remarks:

Date: Date:	
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