



Application Form

Incoming Exchange Student

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STUDENT INFORMATION

Student Name:	<input type="text"/>	Home Institution:	<input type="text"/>
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Study Level:	<input type="checkbox"/> Graduate <input type="checkbox"/> Undergraduate
Nationality:	<input type="text"/>	Major:	<input type="text"/>
Date of Birth:	<input type="text"/>	GPA:	<input type="text"/>
	Month	Day	Year
	<input type="text"/>	<input type="text"/>	<input type="text"/>
City of Birth:	<input type="text"/>	Country of Birth:	<input type="text"/>
Passport No.:	<input type="text"/>	Expiration Date of Passport:	<input type="text"/> (validity ≥ 2 year)
Address:	<input type="text"/>		
Contact/Code Tel:	<input type="text"/>	Email:	<input type="text"/>
Level of Study (CBA):	<input type="checkbox"/> 1 st year <input type="checkbox"/> 2 nd year <input type="checkbox"/> 3 rd year <input type="checkbox"/> 4 th year <input type="checkbox"/> 5 th year		
Current Semester:	<input type="text"/>	Academic Year:	<input type="text"/> / <input type="text"/>
Semester (CBA):	<input type="checkbox"/> Fall <input type="checkbox"/> Spring	Year:	<input type="text"/> / <input type="text"/>
Proof of English Fluency:	<input type="text"/> (TOEFL – IELTS – SAT – GMAT)	Score:	<input type="text"/>
Contact for Emergency	<input type="text"/>	Name:	<input type="text"/>

Student Signature: _____
& Date

Director Signature: _____
& Date

**BUSINESS COURSES TO STUDY
AT THE COLLEGE OF BUSINESS ADMINISTRATION,
KUWAIT UNIVERSITY**

#	Code	Course Title
1.		
2.		
3.		
4.		
5.		
6.		

Then add (3) more as back-up plan courses in case any changes occur before the class start

#	Code	Course Title
1.		
2.		
3.		