

College:	 	 	 	
Scientific Sect				
Semester:				
Form Submis				

		College:					
_	جامعة الك T UNIVERSITY New Form	Amendment of previous Form					
Name	e of person to be delegated as shown in Civil Id:	(Current workplace and a	ddress:	Contact No:		
Seme	ester in which course was previously taught or assiste		(/			
Civil Id	d:	Residency expiry date: (non	n-Kuwaiti):Qualifications:				
С	Course Title	Course No. & Section	Time	Number of Units	Number of weekly hours		
1							
2							
3							
Si	Faculty Member Signature gnature:	Head of Department Signature	College Dear	-	and Registration Dean Signature		
Attachments -Approval of the employer on the secondmentPrevious secondment approval for an Academic yearCopy of Civil idCopy of Academic qualificationIn the event the form is being amended from previous form, a copy of previous form must be attached for the concerned faculty member.			Bank Info. (Attach bank documents to approve payment) Bank Name: Branch: IBAN: Account No:				