



**Kuwait University**  
**Deanship of Admission and Registration**  
**Registration Department**

**College:**  
**Scientific Section:**.....  
**Summer Semester:** .....  
**Form Submission Date:** .....

**Faculty Member participation form for summer semester**

جامعة الكويت  
KUWAIT UNIVERSITY

New Form

Amendment of previous Form

**FIRST: Course Information**

C	Course Name	Course No.	Section No.	Time	Units	Notes
1						
2						
3						

**SECOND: Faculty Member information**

Full Name:..... Job ID:..... Job Title:..... Nationality:.....  
Residency expiry date: (non-Kuwaiti):..... \*(attach copy of residency contract)

**THIRD: Semester which the Faculty Member taught the course submitted:**.....

**FOURTH: Attach all out of the university secondment decisions or sabbatical leaves for members that fulfill the conditions for the summer semester academic year.**

**FIFTH: Attach all appointed leadership positions.**

Signature of Faculty Member : ..... Signature and seal of the Head of Department:..... Signature and seal of the College Dean:.....

\* Submitting this form to the Deanship of Admission and Registration with the completed data, signed from the College Dean, Head of Department after the acknowledgement from the College that the Supportive Academic Staff Member fulfills all the conditions with accordance to the amended summer semester regulations on date 05/04/2017 and under its responsibility.

\* In the event the form is being amended from previous form, a copy of previous forms must be attached for the concerned faculty mem.

