

Kuwait University Deanship of Admission and Registration Registration Department

• Copy of Academic qualification.

College:

Scientific Section:

Summer Semester:

/ 1966· امعة الكويت	را				Form Submission Date:						
KUWAIT UNIVERSIT											
Purpose o	f delegation:	Teaching	Assist in Teach	ing Previous Sem	nester in which course	e was taught in K	Luwait University				
Name of pers	son to be delegated	as shown in Civil Id	:		Current work place a	and address:	Contact No.:				
Civil Id. No.	:	Res	sidency expiry date (1	non-Kuwaiti):		Qualification	ti.				
C	Cours	e Title	Course No.	Course No. & section		Number of Units		Number of weekly hours			
	Cours		Course 110.	& section	Number	or omes	Theoretical	Practical			
1											
2											
3											
	Faculty Member Head of Department			of Department	College Dean		Admission and R	Admission and Registration Dean			
Signature											
Attach	Attachments:				Bank Info. (Attach bank documents to approve payment)						
Approval of the employer on the secondment					Bank name:		Branch:	Branch:			
Previous secondment approval for an Academic year.					IBAN:						
Copy of Civil id.					Account No	o.:					