APPLICATION FORM FOR ACADEMIC VISIT

Kuwait University
Vice President for Academic Affairs
Cultural Relations Department

College:	**Department:**
Full Name:	**Nationality:**
Present Position:	**Place of Departure:**
University or Scientific Institution:	**Date of Visit From:** **To:**
Address: **Email:** **Telephone:** **Fax:**	**Purpose of the visit:** ☐ **Academic Advisor** ☐ **Clinical Academic Advisor** ☐ **Visiting Lecturer** ☐ **External Examiner** ☐ **Program Evaluator** ☐ **Interview**
Other Details:	
Dept. Chair's Recommendation:	**Signature:** **Date:**
Dean's Recommendation:	**Signature:** **Date:**
Cultural Relations Department: **No. of visiting professors for the department in the current academic year ( )** ☐ **Air ticket:** ○ **Business** ○ **Economy** ☐ **Accommodation and transport** ☐ **Honorarium** ☐ **K.D.** **Signature:** **Date:**	
President's Approval:	**Signature:** **Date:**

- Attach: A clear copy of the passport including the cover + Biography of the visitor + Detailed visit program.
- The application and the required documents should be submitted at least six weeks before the date of the visit.
- Revert to the cultural relations department to facilitate disbursement of honorarium immediately upon arrival of the visitor and submitting the visitor's bank account information at home country.