Embassy of
the State of Kuwait
Cultural Office
Ottawa, Canada

سفارة دولة الكويت
المكتب الثقافي
أوتـاوا - كنـدا

Ticket Request Form

A. Student Information (to be completed by all Students)

Student Name/ Cultural Office ID No. _____ Cultural Academic Advisor _____

Address _____

Contact Information: _____ Telephone Number _____ Email

Dependants	Name	Date of Birth
Spouse		
Child #1		
Child #2		
Child#3		

B. Request for Ticket Allowance and Statement of Guarantee (Please Check Applicable Boxes)

1. I am Requesting My Annual Ticket Allowance in:
   ☐ Summer (April 15 – September 15) ☐ Winter (November 1 – January 31)
2. Are you Eligible to Apply for the Annual Ticket Allowance: (Check One of the Below) ☐ Yes ☐ No
   - ☐ I have Completed ESL studies* and obtained Academic Admission
   - ☐ I have completed 6 months of ESL studies♣ and have earned minimum of 12 Credits with 2.00 (or "C") GPA for the Year.
   - ☐ I have earned a minimum of 27 Semester/ 42 quarter hours♠ with 2.00 (or "C") GPA for the Year.
3. If you answered yes please indicate the date of your last ticket allowance: Month: _____ Year: _____
4. If enrolled in academic courses, how many credits have you completed: Fall _____ ; Winter _____ ; Summer _____
5. Estimated date of Departure to Kuwait: _____ ; Estimated Date of Return to Canada: _____
6. Please indicate which month you would like your ticket allowance to be deposited: _____
   (Note: allowances are deposited on the 1st day of the month only)

*Completion of ESL means, successfully passing last term of ESL attended.

♣ Students with GPA below 2.00 in Fall term must provide Next Spring term grades, to prove that they have the 2.00 GPA requirement, prior to issuance of Ticket allowance.

♠ Students with less than 27 credits between Fall Term and Following Spring Term must provide Summer (same Year of Spring) verification of enrollment with enough credits to earn the 27 credits with the Ticket request.

C. Authorization and Consent (Student)

☐ **I agree to pay the ticket allowance if I fail to meet the above requirements.**

_____ (Student's Signature) _____ (Date: dd/ mm/ yyyy)

D. To Be Completed by Academic Advisor

– **Decision:** ☐ Application Approved ☐ Application Declined

– **Comments:** _____

– **Authorization of Academic Advisor**

_____ Name _____ Signature _____ Date