





Student Signature:

& Date

Application Form Incoming Student

Dr. Yaser Abdullah Alkulaib Program Director Email: yalkulaib@cba.edu.kw

Ms. Nirvana Saleh

Director Assistant – for SEP Partner Affairs

Tel: (965) 2498-8375/6 Mob: (965) 6619-0304 Email: nirvana@cba.edu.kw

Ms. Ikhlas Abdullah

Director Assistant – for SEP Students Affairs

Email: ikhlas@cba.edu.kw

STUDENT INFORMATION	
Student Name:	Student ID:
Home Institution:	Country:
Gender:	□ Male □ Female
Date of Birth	Month Day Year
Nationality:	Place of Birth:
Passport No.:	Expiration Date: (validity ≥ 2 years)
Contact (Student):	Code / Tel:
Home Address:	No: St.: City: State: Zip Code:
Major:	GPA:
Current Level of Study:	Of Academic Year:
Semester at CBA:	□ Fall □ Spring □ Full Academic Year Year /
Proof of English Fluenc	
BUSINESS COURSES PLANNING TO STUDY AT CBA / KU	
Please select up to (5) courses you are willing to study: (Referred to CBA Website)	
# Code	Course Title
1.	
2.	
3. 4.	
5.	
Then add (2) more back-up plan courses in case any changes occur before the class start	
# Code	Course Title
1.	
2.	

Director Signature:

& Date