

DECLARATION OF INTENTION TO APLLY FOR THE



Add-on PharmD Program 2021-2022

Name (English)							
As in Passport	-	Father	G. Father	Family			
الأسم (بالعربي)	First						
Civil ID:							
Graduation Unive and year	rsity:						
Gender:	Male			Female			
Nationality:	Kuwait	i		Non-Kuwaiti			
Graduation GPA المعدل العام	,						
Email	(
Contact phone number							
2 nd number							
I understand that this is an intention to apply declaration and not the application form for the add-on PharmD program. I understand that the application to the program will be through Kuwait University Admission office during the specified published dates. By signing this form, I am expressing my interest in applying for the Add-on PharmD program, and in taking the Pharmacy Practice examination intended for the assessment of the applicants' capabilities, knowledge, caring attitude, motivation, leadership, and problem solving ability. I will be informed if I am eligible/selected to take the assessment examination.							
☐ I agree							
Signature			Date:				