

Chinese Language Education Center Providence University

200 Chung-Chi Road, Shalu, Taichung County, 433 Taiwan ROC
clhuang@pu.edu.tw yhsia@pu.edu.tw hvyu2@pu.edu.tw <http://clec.pu.edu.tw>

靜宜大學華語文教學中心 入學申請表 APPLICATION FORM

English Name 英文姓名	Family Name	Given Name	Middle Name	Attach Recent Photo Here
Chinese Name 中文姓名		Nationality 國籍		
Date of Birth 生日	Month 月	Day 日	Year 年	
Sex 性別	<input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女	Present Occupation 現任職務		
Passport Number 護照號碼			Religion 宗教信仰	
Home Address in your country 本國居住地址				
Phone Number 本國電話			Fax Number E-mail	
Mailing Address if different from above. 通訊地址				
Phone Number 通訊電話			Fax Number E-mail	
Study Period 希望上課日期 請打 V	<input type="checkbox"/> 第一期 1 st Quarter (Sep. 1~Nov. 23) <input type="checkbox"/> 第二期 2 nd Quarter (Dec. 1~Feb. 23) <input type="checkbox"/> 第三期 3 rd Quarter (Mar. 1~May 23) <input type="checkbox"/> 第四期 4 th Quarter (Jun. 1~Aug. 23) <input type="checkbox"/> 暑期 Summer Session (Jul. 1~Aug. 23)			
Approximately how long do you intend to study at the CLEC? 預計上課期數	<input type="checkbox"/> 一期 1 Quarter <input type="checkbox"/> 二期或以上 2 Quarters or More <input type="checkbox"/> 暑期 Summer Only			
How will you finance the major portion of your study? 就讀期間經費來源?	<input type="checkbox"/> 個人儲蓄 Personal Savings (of US\$ _____) <input type="checkbox"/> 父母供給 Parental Support (of US\$ _____) <input type="checkbox"/> 其他 Others (Specify) _____			
Highest Educational Background 最高學歷	學校名稱 Name of School _____ 主修科目 Major _____			
Date of Graduation? 何時畢業?	Year 年		Month 月	Day 日
Do you have health insurance? 是否有保險?	<input type="checkbox"/> Yes 是		<input type="checkbox"/> No 否	
Want to join the health insurance? 要投保嗎?	<input type="checkbox"/> Yes 是		<input type="checkbox"/> No 否	

Have you ever studied Chinese before? 曾否學習過中文?	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
How long have you studied? 學過多久?	
Where did you study? 在何處學?	
Did you study Traditional or Simplified characters? 所學是正體字或簡體字?	<input type="checkbox"/> Traditional 正體 <input type="checkbox"/> Simplified 簡體 <input type="checkbox"/> Both 兩者
Did you study Pinyin, Yale or Mandarin Phonetic system? 所學音標是拼音、耶魯音標或國語注音?	<input type="checkbox"/> Pinyin 拼音 <input type="checkbox"/> Yale 耶魯音標 <input type="checkbox"/> Mandarin Phonetic system 國語注音
What materials have you used before? 學過何種教材? (Title of the book 書名)	
What is your reason for wanting to learn Mandarin? What level do you intend to reach? Which is more important for you: <input type="checkbox"/> Reading, <input type="checkbox"/> Writing <input type="checkbox"/> Speaking? 學習中文之目的與計畫	
Relative or friends in Taiwan 在台親友姓名: _____ Relation 關係: _____ Occupation 職業: _____ Phone 電話: _____ Address in Taiwan 地址: _____	
Contact Person in case of emergency 緊急時之聯絡人: Name 姓名: _____ Phone 電話: _____ Mobile Phone 行動電話: _____ Address 地址: _____	

Application Materials should include copies of the following 申請所需表件如下: <input type="checkbox"/> Diploma / Degree / <u>Any certificate achieved in education</u> Ex: High School / College / TESL 畢業證書 <input type="checkbox"/> HIV Test Result (within the past 6 months) 愛滋檢驗報告 <input type="checkbox"/> A copy of passport 護照影印本一份 <input type="checkbox"/> 2 photos (passport size) 二張照片

申請人簽名 Applicant's Signature: _____
日期 Date: _____月 Month _____日 Day _____年 Year