

Please send the completed form to: bei.chen@utdallas.edu before February 1st, 2017.

1. Personal information:

First Name: _____

Middle Name: _____

Last Name: _____

Date of birth: _____

Citizenship: _____

Gender: Male / Female

Passport #: _____

Passport Expiration Date: _____

Postal Address: _____

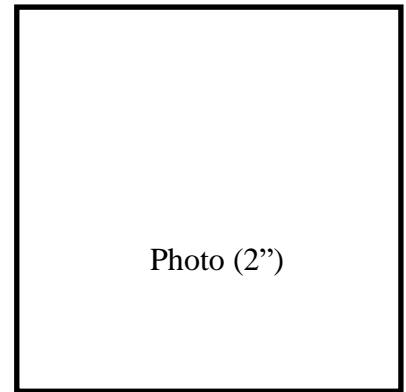
Email Address: _____

Cell Phone: _____

First Language: _____

Second Language: _____

Chinese Background of Family Members (if applicable): _____



2. College information: (if applicable)

College Name: _____ GPA: _____

Major: _____

Minor: _____

College Address: (including zip code) _____

Contact: Confucius Institute at the University of Texas at Dallas
800 West Campbell Road, Richardson, TX 75080
Office: JO5.504, Tel: 972-883-4860, Fax: 972-883-2989
Website: <http://www.utdallas.edu/ah/confucius/>
Email: Confucius@utdallas.edu

Faculty Leader: Ms. Bei Chen
Registration: bei.chen@utdallas.edu
Office: JO5.308, Tel: 972-883-6026

3. Job information: (if you are a CI community class student and are currently employed)

Company: _____ Job Title: _____

Company Address: (including zip code) _____
_____**4. Emergency Contact:**

Name: _____ Relationship: _____

Mailing Address: _____

Mobile Phone: _____ Home Phone: _____

Name: _____ Relationship: _____

Mailing Address: _____

Mobile Phone: _____ Home Phone: _____

5. Medical Information:1) Are you currently receiving medical treatment? **Yes /No**If yes, please explain _____
_____2) Are you currently receiving counseling or medication for any psychological or emotional conditions? **Yes /No**If yes, please explain _____
_____3) Do you have any allergies? **Yes /No**If yes, please explain _____

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6. Chinese Language Proficiency:

Have you ever taken or are you taking Chinese classes? Yes / No

If yes, how long have you been taking the Chinese classes and where did you take them?

Chinese Language Proficiency: Basic Intermediate Advanced

7. Please state the reasons why you would like to participate in the Program: (at least 150 words)**8. Declaration of applicant:**

I hereby certify that:

All the information on this form is true and correct.

Signature of Applicant: _____

Date: _____

(Handwriting)