



## Enrollment form

Name/Contact Information	
First Name	
Middle Name	
Last Name	
Email Address	
Phone Number	
Skype ID	
Mailing Address	
Basic Information	
Gender	
Country of Origin	
Country of Current Residence	
Nationality	
Birth Date (MM/DD/YYYY)	
Mother Language	
Additional Languages Spoken	
Passport Number	
Passport Expiration Date	
Have you been convicted of or charged with a criminal offence?	
Education Information	
Level of Education Reached	
Last School Attended	



Describe your Chinese skill level	
When do you want to start studying in China (MM/YY)	
When do you want to end studying in China (MM/YY)	
What's the focus of your study?	
Do you have a preference for which cities you want to visit?	
Do you expect a degree from the program?	
Do you need visa assistance?	
<b>Accommodation</b>	
Do you need living accommodation?	
Accommodation type	
Do you have any special request? If yes, please specify.	
Do you smoke?	
<b>Medical conditions</b>	
Do you have a disability, impairment or long-term medical condition which may affect your studies?	
<b>Additional Services</b>	
Do you need travel and medical insurance?	
Do you need airport pick up?	

*Note: Please return the completed form to us.*

