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First Name

Last Name

Gender

☐

Male

☐

Female

Personal Information

Personal Information

Date of Birth

City of Birth

Native Language

Nationality

Age Range

☐

Under 18

☐

18~65

☐

Over 65

☐

Single

☐

Married

Address

Street

City

State/Province

Country

Zip Code

Personal Contact

Country Code

Home phone

Fax number

Work Phone

Cell Phone

Email

Program

Program

Current Level of Mandarin Chinese

Have you previously studied the Chinese Mandarin Language ?

☐ Yes

☐ No

If yes, please state the name of the school / institute

Approximately how many Chinese characters do you know ?

Do you require an official Transcript for credit ?

☐ Yes

☐ No

Accommodation Information

Do you smoke ?

☐ Yes

☐ No

One word to describe your personality

Your constellation

Your blood type

Academic & Employment Information

Educational Level

Current or last school

Occupation

Current or last employer

Medical & Emergency

Medical Conditions & Dietary Requirements

Please tell us about any allergies, medications, chronic conditions, etc...

Please tell us about any dietary requirements : Vegetarian, Vegan, Kosher, Muslim, etc...

Emergency Contact

First Name

Last Name

Relationship to applicant

Occupation

Country Code

Home Phone

Cell phone

Fax Number

Work phone

Email

Street

City

State/Province

Country

Zip/Postal Code

Will this person also serve as your financial guarator in Taiwan ?

☐ Yes

☐ No

Name of financial guarator (If different from emergency contact

靜 氣

Please write down an essay about yourself



A reference from school, organization, parents or friend

