**高雄醫學大學華語文中心**

**華語課程報名表格**

**Kaohsiung Medical University Chinese Language Center**

**Chinese Course Application Form (For Prospective Student)**

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| 學院/學系Name of School/Department | |  | | |
| 學號Student No. | |  | | |
| 申請人資料 (Personal Information) | | | | |
| 中文姓名  Chinese Name |  | 姓名  Full Name |  | |
| E-mail |  | | | |
| 通訊地址  Mailing Address |  | | | |
| 電話 TEL |  | 手機Mobile | |  |
| 國籍Nationality |  | 性別 / Sex | | ☐男 Male☐女Female |
| 母語/Native Language |  | 出生日期  Date of Birth | | \_\_\_\_\_\_日\_\_\_\_\_\_月\_\_\_\_\_年  Day Month Year |
| 緊急聯絡人姓名Emergency Contact Person’s Name  （In Taiwan） |  | 緊急聯絡人電話Emergency Contact Person’s Phone  （In Taiwan） | |  |

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| 1. 華語文能力(Chinese Proficiency Level) |
| 學過中文嗎？Have you ever studied Chinese before? ☐是Yes ☐否No  如果學過，請填寫以下各項。If yes, complete the following section:  上過的中文課程Courses of Chinese language taken:  ☐零級beginner ☐初級elementary ☐中級intermediate ☐高級advanced  學習中文的學校School of study :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ☐Self-study  一共學了多久Period of study : \_\_\_\_\_\_\_\_年year(s) \_\_\_\_\_\_\_\_月month(s)  一個星期上幾個小時的課？How many hours per week？\_\_\_\_\_\_\_\_\_\_hours/week |
| 1. 學過哪些內容？（可複選）Which have you studied?(You can select more than 1 answer) |
| ☐正體字Traditional Characters ☐簡體字 Simplified Characters  ☐注音Zhuyin (ㄅㄆㄇㄈ) ☐拼音 Pinyin  ☐白話文 Modern Chinese ☐文言文 Literary Chinese  ☐聽Listening Comprehension ☐說Speaking ☐讀Reading ☐寫Writing  請寫下你學過的教材名稱還有教材程度  List the main books you have formally studied (please indicate title and level).  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  請選擇你現在看得懂的中文字體。Please select Chinese Characters you can read now.  ☐正體字Traditional characters ☐簡體字Simplified characters ☐兩個都可以Both |
| 1. 日常生活中有使用中文的機會嗎？Do you use Chinese regularly in your daily lives? |
| ☐沒有 No  ☐有 Yes ☐在學校at school  ☐在家 at home  ☐在工作中 at work  ☐一天幾小時？ How many hours a day? Around\_\_\_\_\_\_\_\_\_\_hours. |
| 4. 曾經在說華語的地方住過嗎？Have you ever lived in a Chinese-speaking country? |
| ☐否 No  ☐是 Yes ☐哪些國家？ Which country? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ☐什麼時候？ When? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ☐多久？ How long? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. 曾經參加過華語文能力測驗嗎？ Have you taken a Chinese Proficiency Test? |
| ☐否No  ☐是Yes如果「是」，請回答下面問題。If yes, complete the following section:  TOCFL　☐Band A　score \_\_\_\_\_\_\_\_\_\_\_\_\_分Certificate ☐A1　☐A2  ☐Band B　score \_\_\_\_\_\_\_\_\_\_\_\_\_分Certificate ☐B1　☐B2  ☐Band C　score \_\_\_\_\_\_\_\_\_\_\_\_\_分Certificate ☐C1  HSK Certificate\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  其他 Others\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 6. 請選擇**四個**能夠上中文課的時段，每週2或4小時。Please tick the time you can take Chinese courses. The course will take 2 or 4 hours every week. You may choose **four options** in the following blanks, we will notify you when the course timetable is being arranged. |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | Mon | Tue | Wed | Thu | Fri | | 8-10am |  |  |  |  |  | | 10-12am |  |  |  |  |  | | 1-3pm |  |  |  |  |  | | 3-5pm |  |  |  |  |  | | 6-8pm |  |  |  |  |  |   ~謝謝Thank you~  申請人簽名Applicant’s Signature: 日期Date: |
| 收件人簽名日期: 年 月 日 |

請把這份表格E-mail或送到華語文中心。

地址: 高雄市十全一路100號 高雄醫學大學濟世大樓3樓CS313室 華語文中心

Please email us or bring this form to: Chinese Language Center, 3th Floor of Chi-Shih Building, Room CS313, 100, Shi-Chuan 1st Rd., Kaohsiung City 80708, Taiwan, R.O.C.

E-mail: [chnien@kmu.edu.tw](mailto:chnien@kmu.edu.tw)

TEL: (07)312-1101 ext.2204#320