**高雄醫學大學華語文中心**

**華語課程舊生申請表**

**Kaohsiung Medical University Chinese Language Center**

**Chinese Course Application Form (for Current Student)**

\_\_\_\_\_\_\_\_年Year□第一學期1st semester□第二學期2nd semester

|  |  |  |
| --- | --- | --- |
| 中文姓名Chinese Name |  | (辦公室專用for office use only)收件日期：年月日收件人： |
| 護照英文名Name shown on passport |  |
| 在台連絡方式Local Contact Information | 電話Phone Number： |
| 地址Address： |
| 電子信箱E-mail： |
| 本學期舊班狀況Present Class Status | **教材 Teaching Materials** | **課程進度 Lesson Progress** |
|  |  |

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 |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 簽名Signature |  | 填表日期Date |  |

1. 請準時交報名表，要不然不能排課

Please submit this form before the deadline, or your classes will not be scheduled.

1. 我們排課盡量以這張表為依據，但還是要考慮實際情況。越早交報名表，選到理想時段的機會越大。
Please note that due to the difficulties of organizing the class schedule we do notguarantee students will have classes as the same time they request. Additionally, students who submit their applications earlier will have a better chance of getting the class time they want.
2. 請把這份表格E-mail或送到華語文中心。
Please email us or bring this form to: Chinese Language Center.E-mail: chnien@kmu.edu.tw