

Group Study Programs - Study Abroad UCalgary International Room 501, MacKimmie Tower University of Calgary Phone: (403)220-8992 E-mail: <a href="mailto:group.study@ucalgary.ca">group.study@ucalgary.ca</a>	<b>APPLICATION FORM</b> to register in CHIN310 and [CHIN280 & CHIN281] or [CHIN304 & CHIN305] or [CHIN334 & CHIN335] at Beijing University of Technology, China <b>SPRING 2021</b>	Faculty of Arts School of Languages, Linguistics, Literatures and Cultures Room D310, Craigie Hall Telephone: (403) 220-5300 FAX: (403) 284-3634 Email: <a href="mailto:slllc@ucalgary.ca">slllc@ucalgary.ca</a>
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This information is being collected under the authority of the Freedom of Information and Protection of Privacy Act and the Universities Act (Section 32c). It is required to evaluate your status in the Chinese Language Programme, and will form part of your student record. Questions about the collection or use of this information may be directed to the Director, School of Languages, Linguistics, Literatures and Cultures. **Please print all of your answers clearly!**

- Completed application includes
  - the application form
  - an up-to-date transcript: high school transcripts should be included for first-year university students; unofficial copy of transcripts printed by applicants will be accepted.
  - one letter of reference: it must be from a university professor or a professional person. (IT MUST BE EMAILED UNDER SEPARATE COVER).
- Submit applications to: Group Study Programs Office by email ([group.study@ucalgary.ca](mailto:group.study@ucalgary.ca))
- DEADLINE: December 1, 2020

**UNIVERSITY OF CALGARY INFORMATION**

GIVEN NAMES IN FULL:	SURNAME:	STID #
E-MAIL ADDRESS:	FACULTY/YEAR IN PROGRAMME:	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME

- Do you SPEAK Chinese when you are with your family?     No       Yes  
 Do you SPEAK Chinese when you are with your friends?     No       Yes

If YES, please state the dialect(s) spoken, and indicate how often:

Dialect: <input type="checkbox"/> Seldom <input type="checkbox"/> Often <input type="checkbox"/> Always	Dialect: <input type="checkbox"/> Seldom <input type="checkbox"/> Often <input type="checkbox"/> Always	Dialect: <input type="checkbox"/> Seldom <input type="checkbox"/> Often <input type="checkbox"/> Always
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IF YOU WERE BORN OR LIVED IN A CHINESE-SPEAKING AREA, PLEASE GIVE THE FOLLOWING INFORMATION:

Name of the Area	Dialect spoken in the Area	Dates of Living in the Area
		From: _____ To: _____
		From: _____ To: _____
		From: _____ To: _____

DATE OF BIRTH:	PLACE OF BIRTH:	DATE OF FIRST ARRIVAL IN CANADA:
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**EDUCATIONAL BACKGROUND:**

LEVEL	INSTITUTION	YEARS ATTENDED	MAJOR	DEGREE
ELEMENTARY				
SECONDARY				
POST-SECONDARY				

**LIST COURSES TAUGHT IN THE CHINESE LANGUAGE TAKEN OR BEING TAKEN**

**STATE DIALECT:**

COURSE(S)	SCHOOL(S) AND LOCATION(S)	YEAR OF ENTERING	YEAR OF LEAVING

**PREVIOUS TRAVEL EXPERIENCE: (Please list countries and reasons for travel)**

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**EXTRA-CURRICULAR ACTIVITIES, INTERESTS AND HOBBIES:**

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