

# 鲁尔都市孔子学院

## BCT 报名表

### Confucius Institute Metropolis Ruhr

#### Registration Form BCT Test

(Please use block capital letters to fill in this form)

证件姓名 Surname																				
证件姓名 First Name																				
中文姓名 Chin. Name (if available)																				
国籍 Nationality											性别 Gender	男 M <input type="checkbox"/> 女 F <input type="checkbox"/>								
出生日期 Date of birth	____年 yyyy ____月 mm ____日 dd										母语 First Language									
证件类型 Piece of Identification	<input type="checkbox"/> Identity Card										<input type="checkbox"/> Passport									
证件编号 Identity Number																				
通信地址 Mailing Address	Street/House Number: Postal code/ZIP code: City:																			
联系电话 Phone																				
E-Mail																				
学习汉语年限 How long have you been studying Chinese?	____年 (Year) ____个月 (Month)																			
报考科目 Test and Favored Test Level	<input type="checkbox"/> BCT (听·读) (listening and reading) <input type="checkbox"/> BCT (说·写) (speaking and writing) <input type="checkbox"/> BCT (笔试) (writing)																			

I confirm my agreement that the Confucius Institute Metropolis Ruhr shares all data related to this language test with the Council of the Confucius Institute Headquarters (Hanban) as well as Chinese Testing International Co Ltd in Beijing in order to issue a certificate confirming my participation.

I confirm my agreement that the Confucius Institute Metropolis Ruhr processes my personal data in order to arrange for my registration and participation in the Chinese language test and to issue a certificate confirming my participation. I am aware that I can withdraw this consent at any time.

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Date/Signature (Parent/Guardian if underaged)