

# 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 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.

\_\_\_\_\_  
Date/Signature (Parent/Guardian if underaged)