

鲁尔都市孔子学院

新 YCT 报名表

Confucius Institute Metropolis Ruhr

Registration Form YCT 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"/> YCT written <input type="checkbox"/> YCT (1 级) <input type="checkbox"/> YCT (2 级) <input type="checkbox"/> YCT (3 级) <input type="checkbox"/> YCT (4 级) <input type="checkbox"/> YCT oral <input type="checkbox"/> Elementary (口试初级) <input type="checkbox"/> Intermediate (口试中级)															

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)