

Canadian TCSL Association
Shanghai Language & Culture Program
2018

APPLICATION FORM

1. Name: _____ (Exactly as on Passport)
2. Chinese Name if any _____
3. Sex: ___ Male ___ Female
4. Current Address: _____

5. Email Address _____
6. Telephone Numbers: Home _____ Cell _____
7. Date of Birth _____ DD / MM / YYYY
8. Nationality: _____ 9. Native language: _____
10. Passport Number: _____ 11. Passport Expiry Date: _____
12. Chinese competency level:
Describe the kind of Chinese courses you have taken and your level of competency.

13. Level of education completed:
- () High School
 - () College or University, () year
 - () Post graduate studies

14. School _____

15. Do you smoke? ___ Yes ___ No

16. Please list any allergies or medical problems that you may have.

17. Please state preference for roommate: (non-smoker etc.)

18. Any special request or special condition that the organizers should be aware of?
(allergies, vegetarian etc.)

19. Person to contact in Canada in case of an emergency:

Name: _____

Phone: _____

20. Optional:

_____ I would like to request a single room for an additional \$750.00.

_____ If a single room becomes available, I would like to pay an extra
\$400.00 for a single room.

_____ I would like to stay on campus in a dormitory.

Please send application by email attachment to:

Shanghaiprogram@gmail.com