**Tunghai University Chinese Language Center**

**Application for 2025 Chinese Language Learning &
Industry Internship Program**

1. **Personal Information**
* Full Name in English: (First) (Middle) (Last)
* Chinese Name: • Gender: □Male □Female □Other
* Date of Birth: (yyyy) / (mm) / (dd)
* Nationality: • Passport Number:
* Phone Number:
* Email Address:
1. **Educational Background**
* University/Institution:
* Degree Program:
* Major/Field of Study:
* Graduation year: • GPA:
1. **Language Proficiency**
* Native Language:
* Chinese Proficiency Self-assessment:
How long have you learned Chinese?
What kind of Chinese character have you learned (traditional/simplified)?
What Chinese materials have you used or studied?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Listening | □ Fluent | □ Fair | □ A little | □ None |
| Speaking | □ Fluent | □ Fair | □ A little | □ None |
| Reading | □ Fluent | □ Fair | □ A little | □ None |
| Writing | □ Fluent | □ Fair | □ A little | □ None |
| Level | □ Introductory(never learned) | □ Basic | □ Intermediate | □ Advanced |

* Other Languages (Specify proficiency level):
1. **Additional Information**
* Motivation for Joining the Program: (Explain why you want to join this program and how it aligns with your academic and career goals.)
* Previous Experience in Taiwan: (If any, describe your previous experience in Taiwan)
1. **Supporting Documents**
* Resume/CV: (Attach your latest resume/CV)
* Academic Transcript: (Attach your most recent academic transcript)
* Language Proficiency Certificate: (Attach any relevant certificates)
* Recommendation Letter: (Attach at least one recommendation letter)
1. **Declaration**

During my studies at the Chinese Language Center, I agree to abide by the rules and regulations of Tunghai University and by the laws of the Republic of China. (This includes regulations relating to work by foreign students.)

I hereby declare that the information provided in this application is true and accurate to the best of my knowledge. I understand that incorrect or incomplete information may result in cancellation of my enrollment. I recognize that it is my responsibility to provide all the necessary documentary evidence of my qualifications, studies, and experience. I authorize the University to obtain further information where necessary.

**Signature: Date (yyyy/mm/dd):**