***Chinese Course Application Form***

*Please fill in this form in English using CAPITAL LETTERS. (Please write clearly)*

 Last Name: First Name: Middle Name: Title:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |

*(Your name must be written the same as on your qualified Certificate)*

***Please Note:***

* **The name you provide in the form will be printed on the certificates and the Institute will not be responsible for changing names afterwards.**
* **Use the same name that used on the application form to make the payments for the selected course.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Gender:** |  | **Date of Birth:** |  | **Nationality:** |  |
| **Occupation:** |  | **Work Place:** |  | **Facebook:** |  |
| **Telephone:** |  | **Mobile:** |  | **Email:** |  |
| **Chinese Level:** | **[ ]  Beginner [ ]  Knowledge of Pronunciation [ ]  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **P.O. Box:** |  |

|  |
| --- |
| **Social Course** *(Tick the courses below)* |
| Classes | Day | Time | Commencing Date | Rate | Tick  |
| Beginner 1 | Tuesday (class 1) | 6 -8pm | August 16 | FJD 200 |  |
| Thursday (class 2) | 6 -8pm  | August 18 |  |
| Beginner 2 | Wednesday (class 1) | 6 -8pm  | August 17 |  |
| Thursday (class 2) | 6 -8pm | August 18 |  |
| Beginner 3 | Tuesday  | 6-8pm | August 16 |  |
| Children Class 2 | Saturday | 2:00-3:30pm | August 13 |  |

* **Course Length:** 15 weeks
* **Course Rate:** FJD200
* **Application Due Date:** 15th of August, 2022 (First come first served)
* Course and time may be rescheduled according to enrolment number.

**Declaration:** (Please read carefully before signing)

I acknowledge that

* I will pay the full fees before the 16 August, 2022.
* Fees are non-refundable nor transferable unless approved by Director of the CI-USP.
* Individual or group photos might be taken during classes or events. I give permission for my photos to be used for promotional materials (newsletter, web page, slide, etc.).

**Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 *(Your Application will be deemed incomplete if you do not sign this form)*

**Please pay your Fees to the USP Cashier into the Vote Code Number:**

**Course fee to EM159 – FAL14 – 52001 – 001**

**Textbook fee to EM159 – FAL14 – 56406 -001**