



Chinese Studies Program  
9500 Gilman Drive, MC 0104  
La Jolla, CA 92093-0104

## STUDENT INFORMATION SHEET

**Instructions: Fill out ALL sections on this form unless noted otherwise.**

Office Use ONLY  
Section ID: \_\_\_\_\_

### (1) Personal Information

Name: \_\_\_\_\_ Chinese Name (if Applicable) \_\_\_\_\_  
First Name Last Name

P.I.D.#: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

- UCSD Undergraduate:  Revelle     Muir     Marshall     Warren     ERC     Sixth  
 UCSD Graduate     Other: \_\_\_\_\_

Anticipated Graduation Year: \_\_\_\_\_ Major/minor: \_\_\_\_\_

### (2) Reason for taking this course:

- Personal Interest     Major     Minor     GE Req.     Other: \_\_\_\_\_

### (3) List any exams related to Chinese language you have ever taken

- SAT II Score: \_\_\_\_\_     AP Chinese Exam Score: \_\_\_\_\_

### (4) What are you taking this course for?    Letter Grade    P / NP    S / U (Grad Students Only)

### (5) Prior Experiences

List ANY (including grade & high school) Chinese language courses you have ever taken/attended:

Course Title / Number	Year	Textbook	When/Where	Course Grade

### (6) Background Information

- Were you born in the United States?     Yes     No     Decline to State
- If NO, at what age did you come to the United States? \_\_\_\_\_
- Have you lived in a Chinese speaking country/area (such as China, HK, Taiwan, Macau, etc.)?  
 No     Yes: When \_\_\_\_\_ Where \_\_\_\_\_
- What language(s) or dialects do you speak with parents/siblings/friends? \_\_\_\_\_

**\*\* By signing below the student hereby certifies that all above information is true and understand that withholding or false reporting of information may result in not receiving credit(s) for course work and/or disciplinary action(s). \*\***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_