

STUDENT INFORMATION SHEET

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

(1) Personal Information

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

P.I.D.#: \_\_\_\_\_ 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. Graduate Program Req. Other: \_\_\_\_\_

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

SAT II Score: AP Chinese Exam Score: IB Score: HSK Score: \_\_\_\_\_

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

(5) Prior Chinese Language Education Experience

Please indicate at which institution(s) you have studied Chinese and how long you studied Chinese there

- Elementary School . . . . . How long (years, semesters, etc)? \_\_\_\_\_
Middle School. . . . . How long? \_\_\_\_\_
High School. . . . . How long? \_\_\_\_\_
Community College . . . . How long? \_\_\_\_\_
Afternoon/Weekend Chinese School . . . . . How long? \_\_\_\_\_

(6) Language 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? Decline to State
In what grade did you begin school in 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: \_\_\_\_\_