

**Associated Colleges in China
Application Form – 2010 through 2011**

Please check the term(s) for which you are applying:

- Spring 2010
- Spring/Summer 2010
- Summer 2010
- Summer/Fall 2010
- Fall 2010
- Fall 2010/Spring 2011

General applicant information

Full Name with Middle Initial _____

Chinese Name (characters) _____ Chinese Name (pinyin) _____

Social Security # _____ Semesters of Chinese _____

Citizenship _____ Passport Number _____ Expiration _____

Gender _____ Birthplace (city, state, country) _____

Major _____ Expected Year of Graduation _____ Birthdate _____

Permanent Address _____

Telephone _____ Home E-mail _____

School Address _____

Telephone _____ School E-mail _____

Name of Institution or Employer _____

Other Institutions Attended for Chinese language study (including summer institutes): _____

Will you be applying to other study abroad programs? _____

Will you be applying for an ACC scholarship? _____

- Anticipated Level of Study:
- Intermediate
 - Advanced I
 - Advanced II

Please list any special preparation you may have had (residence abroad, foreign language spoken in family, etc.): _____

List All Chinese Language Courses Taken:

	<u>Course Title</u>	<u>Textbooks</u>	<u>Number of Semesters</u>
1.			
2.			
3.			
4.			
5.			

Approximately how many characters do you know?

Traditional: _____ Simplified: _____

On a separate sheet of paper, please answer the following questions:

Short Answer: Have you traveled to Asia before? If so, when, where, for how long, and for what purpose?

Please answer the following essay questions in a total of 750 words or less:

Why did you decide to begin studying Chinese?

Why are you interested in studying in China, and with ACC in particular?

Please tell us anything about yourself, such as special health conditions that are relevant to our consideration of your application:

The following item is **optional**. No information will be used in a discriminatory manner:

If you wish to be identified with a particular ethnic group, please check all that apply:

- | | |
|--|---|
| <input type="checkbox"/> African American/Black | <input type="checkbox"/> Mexican American, Chicano |
| <input type="checkbox"/> Native American, Alaskan Native | <input type="checkbox"/> Native Hawaiian, Pac. Islander |
| <input type="checkbox"/> Asian American | <input type="checkbox"/> Puerto Rican |
| <input type="checkbox"/> Asian (incl from Indian Subcontinent) | <input type="checkbox"/> White or Caucasian |
| <input type="checkbox"/> Hispanic, Latino | <input type="checkbox"/> Other (please specify: _____) |