

APPLICATION FORM

Student Information		Student Photo (Passport Size)
Name: (First)_____ (Last)_____ Address: _____ Telephone: _____ Date of Birth: _____ Gender: Male () Female ()		
Educational Background		
School Attended: Grade: _____ University or College Attended (if applicable): _____		
DERECTOR OF STUDIES ONLY		
Date of interview: _____		Program: _____
Interviewing person: _____		
***FOR OFFICE USE ONLY ***		
Registered level: _____		
Chinese Culture Program: _____		
Start Date: _____	End Date: _____	
COST OF PROGRAM		
Registration Fee (non-refundable):	\$ _____	
Cost of Program: _____		
Total Cost: _____		
Paid amount in full () Deposit ()		_____
Unpaid amount due by _____		_____

Signature of Student or Guardian

Signature of CIEC Representative

If the student requires this institution's policies or documents on the rules of conduct dispute resolution and dismissal. These documents will be available upon request.