

2016 WORKSHOP REGISTRATION FORM: TEACHING CHINESE LANGUAGE

Name: _____
LAST First Middle

Is this the first time you attend this workshop? Y N

Home address: _____

Daytime Phone: _____ e-mail: _____

School Name: _____

School Address: _____

School Phone: _____ School fax: _____

Highest Degree Obtained: _____ Major: _____

Native Language(s): _____

How long have you been teaching Chinese, and where?

_____ year(s) _____ month(s) place: _____

_____ year(s) _____ month(s) place: _____

_____ year(s) _____ month(s) place: _____

Have you received any training in second language teaching/learning? Y N

If yes, where and when? _____

Currently, how many hours do you teach Chinese per week? _____

Which of the following best describes your Chinese class:

Immersion Chinese for grade level _____

Chinese as a foreign language for grade level _____

Chinese at a higher education institution (college/university)

Heritage Chinese

Please return form by email or fax to:

Kate Chen, Project Coordinator

Confucius Institute at Michigan State University

E-mail: chenyuc2@msu.edu

Fax: 517-432-4797

Phone: 517-355-3778

<http://experiencechinese.com/>