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| **Information Form for BLCU Specific Online International Chinese Language Teachers Scholarship Program** **Application** | | | | |
| Recommending institution: | | | | |
| Contact person:  Email:  Tel.: | | | | |
| Brief Introduction to applicants  (including the number of applicants, which should be no less than 15) | Expected date of commencing the Program (down to month) | Specific requirements for the time of delivering courses, if any (eg. specific days in the week or specific time periods in the day) | Expected length of Program (four weeks, eight weeks; one semester, one academic year etc.) | Other expectations for the Program (if any) |
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**Attached: List of Applicants**

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| --- | --- | --- | --- | --- | --- |
| **No.** | **Passport or ID Number** | **Name (as on passport or ID card)** | **Nationality** | **HSK, HSKK Score** | **Email** |
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**（further pages can be added if necessary）**