Application Form for Online Chinese Language Classroom

Name of Applicant (Entity)_____

Person in Charge _____

Date _____

Note

I. Please fill in this form truthfully. Please complete it as a Word document, using the Fangsong font (size: 4) for the text contents.

II. This form should be bound into a book on the left and submitted in duplicate (original).

III. The form should be signed by the person in charge of the applicant entity and stamped with the official seal of the institution. Copies of the applicant entity's domicile registration documents and relevant qualification documents, as well as of the articles of association (if such exist), should also be provided.

IV. The form and additional materials should be submitted online, and hard copies of the original documents should be sent by post.

Contact Details:

Address: 18/F, B Tower, Desheng International Center Building, #83 Deshengmenwai Street, Xicheng District, Beijing, China

Postal Code: 100088

Phone: 86-10-59307553/59307536/59307502

Fax: 86-10-59307511

Contact personnel: Wang Jinhong, Wang Ru, Cheng Lisheng

Email: wangjinhong@chineseplus.net

wangru@chineseplus.net

chenglisheng@chineseplus.net

Application Form for Online Chinese Language Classroom

I. Basic Information

<table>
<tr>
<td rowspan="2">Applicant</td>
<td colspan="4">(in Chinese)</td>
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<tr>
<td colspan="4">(in English)</td>
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<tr>
<td rowspan="2">City/Country</td>
<td>(in Chinese)</td>
<td rowspan="2">Sector</td>
<td rowspan="2"></td>
</tr>
<tr>
<td>(in English)</td>
</tr>
<tr>
<td rowspan="2">Contact Address & Postal Code:</td>
<td colspan="4">(in Chinese)</td>
</tr>
<tr>
<td colspan="4">(in English)</td>
</tr>
<tr>
<td rowspan="2">Person in Charge</td>
<td>Name</td>
<td></td>
<td>Tel/Mobile</td>
<td></td>
</tr>
<tr>
<td>Title</td>
<td></td>
<td>Email</td>
<td></td>
</tr>
<tr>
<td rowspan="5">Course</td>
<td>Existing Chinese Courses and Students</td>
<td colspan="3"></td>
</tr>
<tr>
<td rowspan="4">Category of Courses Applied</td>
<td colspan="3">HSK (Chinese Proficiency Test) Standard Course</td>
</tr>
<tr>
<td colspan="3">BCT (Business Chinese Test) Standard Course</td>
</tr>
<tr>
<td colspan="3">YCT (Youth Chinese Test) Standard Course</td>
</tr>
<tr>
<td colspan="3">MCT (Medical Chinese Test) Standard Course</td>
</tr>
</table>

		Preparatory Chinese Course			
		Other requirements (please specify):			
Network environment and existing devices	Bandwidth (MB)				
	Devices				
Teachers	Existing Teachers				
Other personnel		Name	Tel/Mobile	Title	Email
	Person in charge of teaching affairs				
	Person in charge of administr				

ation				
Promotion Platform	Official website			
	YouTube, Facebook, Twitter, etc.			
	WeChat, Weibo, TikTok, etc.			
Member of ChinesePlus?	Yes □ No □ (Please go to www.chineseplus.net to apply for ChinesePlus membership or view your membership status)			

II. Feasibility Report and Implementation Plan

Please submit in a separate sheet attached to this form. The following items should be covered:

1. Basic information on the applicant (introduction to the entity and the person in charge, etc.)

2. Status quo of and demands for Chinese education and Chinese tests in area where the applicant entity is located.

3. Venues, facilities, and devices for teaching that can be applied to facilitate the use of Online Chinese Language Classroom (with photos).

4. Personnel of the applicant entity (including management personnel, Chinese teachers, etc.)

5. Details of the applicant entity's needs from Online Chinese Language Classroom (please include detail regarding the teaching plan and duration of the course for the

first semester, the number of classes, the number of students for each class, the number of class periods per week, the number of teachers for remote teaching, necessary software and hardware devices, etc.)

6. A detailed operational plan with supporting documents (including but not limited to fundraising projects, promotional activities, management of teaching affairs, and market predictions).

7. Other relevant documents (supplementary or recommendation materials may be provided).

Applicant (Entity): (Official Seal)

Person in Charge: (Signature)

mm/dd/yy

The above information is a truthful account of the actual situation. In case of false statements, the reviewing party has the right to request a correction by the applicant or

to rescind the applicant entity's eligibility for operating the Classroom platform.

Signature of person in charge/legal representative of the applicant entity: