Mandarin Chinese CASE Test Registration Form
Please provide the following information and e-mail this form as a Word or PDF document attachment to Stephanie Divo at SAH36@cornell.edu.

1. Name ________________________________

2. Net ID __________________

3. CU ID# ________________________________

4. Year (FR, SP, JR, SR, GR—your status as of Fall 2020) ________________

5. College ________________

6. Preferred test date/time (check one):
   □ August 24, 2020, 1-3:00 p.m.
   □ August 25, 2020, 1-3:00 p.m.

7. Rate your current skills in Mandarin. (0 = none, 5 = fluent)
   
   Listening 0 1 2 3 4 5
   Speaking 0 1 2 3 4 5
   Reading 0 1 2 3 4 5
   Writing 0 1 2 3 4 5

8. Was Chinese spoken in your home at all? _______ If so, by whom? ________________________________
   Which dialect? ____________________________

9. Have you ever studied Chinese? _______ If so, when and where did you study it and for how long?
   _________________________________________________________________________________________
   _________________________________________________________________________________________

10. Have you ever lived in a Chinese-speaking country? _______ If so, when, where and for how long?
    _________________________________________________________________________________________
    _________________________________________________________________________________________

11. If you have a Chinese name, write it below (in characters if possible, but if not, just give us as much information as you can):
    ________________________________

Additional comments: _______________________________________________________________________
   _________________________________________________________________________________________