Wenzao Ursuline University of Languages

CELT Application Form

Application Date:

(yyyy/ mm/ dd)

|  |  |  |  |
| --- | --- | --- | --- |
| Class |  | Student ID Number |  |
| Name |  | Contact Phone Number |  |
| E-mail |  |
| Application to: | * Re-take grade, □fall semester/ □spring semester, Level
* Makeup grade, □fall semester / □spring semester, Level
* Switching to different class section
* Others, please specify:
 |
| Please select available time slot(s) |

|  |  |  |
| --- | --- | --- |
| □ Year One | Level 1A~4A | Tue. 13-15:00, Wed. 8-10:00, Thur. 10-12:00 |
| Level 5~9 | Tue. 13-15:00, Wed. 8-10:00 |
| □ Year Two | Level 2A~5A | Mon. 8-10:00, Tue. 10-12:00, Wed. 10-12:00 |
| Level 5~9 | Mon. 8-10:00, Wed. 10-12:00 |
| □ Year Three | Level 3~9 | Mon. 13-15:00, Thur. 8-10:00 |
|  |  |  |

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| Description | 1. You are a: □current student/ □resuming student/ □super senior/ □transfer student
2. The current level of General English is Level \_\_\_
3. Please ensure there is no time conflict. If there is, please indicate the reason:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (If you have an elective course which meets at the same time, please drop it first.)1. Score for CSEPT or other English Proficiency Tests (please note which):
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| Applicant’s Signature |  |
| Offices for Notification |  |