

BIT Preliminary Registration Form for the CSC Scholarship

PERSONAL INFORMATION	
Passport Name	Nationality
Gender	Date of Birth
E-mail Address	Cellphone Number
Home University	Bachelor <input type="checkbox"/> Master <input type="checkbox"/> PhD <input type="checkbox"/>
	Faculty member <input type="checkbox"/> Others <input type="checkbox"/>
Current/previous Major	Date of Obtaining Your Highest Degree
SCHOLARSHIP APPLICATION	
Applied program	Applied major (Please check the admission book of BIT)
	Home university <input type="checkbox"/> Embassy <input type="checkbox"/>
Preferred language of instruction	Through which channel did you know about this CSC scholarship proposal offered by BIT?
	Language Proficiency (for Chinese-taught programs)
Language Proficiency (for English-taught programs)	Master <input type="checkbox"/> PhD <input type="checkbox"/> English <input type="checkbox"/> Chinese <input type="checkbox"/> I am from English-speaking country <input type="checkbox"/> TOEFL Transcript <input type="checkbox"/> IELTS Transcript <input type="checkbox"/> Not yet, but I will take the exam soon <input type="checkbox"/>
	HSK 5 Transcript <input type="checkbox"/>
	Not yet, but I will take the exam soon <input type="checkbox"/>
Note: Please rename this registration form in the format like "nationality+English name+master/PhD candidate+applied major"	