

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: _____
