

CONFUCIUS INSTITUTE AT THE UNIVERSITY OF DAR ES SALAAM



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Registration Form for Evening/Weekend Courses (Affix one) photo)

SURNAME..... MIDDLE NAME.....FIRST
NAME.....

OCCUPATION

INSTITUTION/EMPLOYER

YEAR OF STUDY: (for students) REGISTRATION NUMBER.....

EMAIL ADDRESS (ES):

MOBILE PHONE NUMBER (S):

LANGUAGES SPOKEN (List the language you can speak)
.....

NAME OF THE COURSE:

1. Basic Chinese Level I..... 2. Basic Chinese Level II..... 3. Intermediate Chinese Level I 4. Intermediate Chinese Level II

PREFERRED TIME (Tick one)

- 1 Monday to Friday (16:30-18:30).....
2 Weekend sessions (Saturday 08:30-11:30 & Sunday 14:30-17:30).....

Where did you get the information about the Chinese Language Course offered by the Confucius Institute - University of Dar es Salaam? (Tick in blank space)

- I. University website (.....), II. Banners and brochures (.....), III. Media.....
(Mention)..... IV. Trade Fair (.....) V. others (.....)

SIGNATURE DATE

Please note: After completing the form, please send it by email attachment at ci@udsm.ac.tz or submit the hard copy to office No. B 109 UDBS

