

# HSK Registration Form

## SOAS Language Centre (650)

Please write with a pen and use capital letters wherever applicable.  
Please tick the box of your choice where appropriate.

Surname:

Given Name:

Name in Chinese (if applicable):

Sex:

Nationality:

Postal Address:

Postcode:

Daytime Tel No:

Evening Tel No:

Mobile:

Email address:

I would like to take the HSK on (date: \_\_\_\_\_) at:

- Beginner level
- Elementary/Intermediate level
- Advanced level

I enclose the fees (registration + exam) of \_\_\_\_\_, and two passport size photographs of myself.

My mother tongue is:

I have studied Chinese for

- |  |  |
|--|--|
| <input type="checkbox"/> less than half a year | <input type="checkbox"/> between half and one year |
| <input type="checkbox"/> one and half a years  | <input type="checkbox"/> two and half years        |
| <input type="checkbox"/> three years           | <input type="checkbox"/> four years                |
| <input type="checkbox"/> over four years       |  |

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### Optional questions

Have you taken HSK before?  Yes  No

If yes, where did you take it?

When \_\_\_\_\_ Grade \_\_\_\_\_

Why would you like to take the HSK test?

- To advance my own career
- To test the level of my Chinese
- To apply for a place to study in a university in China
- To conduct business in Chinese
- Others (please specify:)

Please return this form with your payment and passport photographs to SOAS Language Centre, Thornhaugh Street, London, WC1H 0XG, United Kingdom