**Application for**

**Overseas Test Center**

**国际中文考试海外考点申请书**

Subject of Chinese test: HSK□BCT□YCT□MCT□

申 请 考 试 类 别

Name of the Application Organization

申 请 机 构 名 称 ：**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Person in Charge of the Application Organization

申 请 机 构 负责人 ：**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date of Filling

填 表 日 期 ：**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**汉考国际教育科技（北京）有限公司**

**Chinese Testing International Co.,Ltd.（CTI）**

**Instructions**

I. Please fill the sheet in form of Microsoft Word document in TimesNew Roman size 14.

II. Test subjects include HSK, HSKK, BCT, YCT and MCT. Applicants may apply for 1 or 5 test subjects at the same time.

III. The following contents should be included in the “Feasibility Analysis”: (a) Brief Introduction to the application organization (Date of establishment, legal person, profitability status). (b) Brief Introduction to person in Charge of the application organization. (c) Environment, testing rooms, and other facilities of the application organization. (d) Local enrollment and other sources of students. (e) Estimated number of test-takers of the coming 3 years. (f) Detailed plans on publicity, promotion and implementation of Chinese tests.

IV. Legal certifications and documents of the application organization should be attached with this Application form.

V. Signature and official seal are required at the bottom of the form.

VI. Please submit the electronic spreadsheet to shichang[@chinesetest.cn](http://@chinesetest.cn)

VII. We will inform the application organization, in an appropriate way, of the reviewing results within 2 months.

**填 表 说 明**

一、本表请用Word文档形式如实填写，文字部分请用仿宋体4号字。

二、申请考试类别包括中文水平考试（HSK）、中文水平考试HSK（口语）、商务中文考试（BCT）、中小学生中文考试（YCT）、医学中文考试（MCT）。申请单位可申办一种考试，也可同时申办五种考试。

三、本表中《可行性实施报告》内容需包括（a）申办性质简介（成立时间、是否法人、是否营利等）；（b）单位负责人简介；（c）环境、硬件条件等介绍；（d）所在地生源情况介绍；（e）协议有效期内考生人数预估；（f）宣传、推广、组织的详细实施计划。

四、申请人应提供相关法人资质证明文件。

五、本表需落款和加盖单位公章。

六、请将填写完成的表格提交至shichang[@chinesetest.cn](http://@chinesetest.cn)

七、我单位在收到本表及相关材料两个月内予以回复。

**Contact Information**

Address: 129, Deshengmenwai Street, Xicheng District, Beijing, China

Postal Code: 100088

Tel: 010-5930 7617

Fax: 86-10-58597600

Contact Person: Ms. Zhang

E-mail: shichang[@chinesetest.cn](http://@chinesetest.cn)

申请联系方式：

联系地址：中国北京市西城区德胜门外大街129号

邮政编码：100088

联系电话：86-10-5930 7617

联系传真：86-10-59307600

联 系 人：张老师

联系邮箱：shichang[@chinesetest.cn](http://@chinesetest.cn)

**Application Form for Overseas Test Center**

**海外考点申请表**

**I.Basic Information基本信息**

|  |  |
| --- | --- |
| Name of the Application Organization
申请单位名称
 | （Chinese）
 |
| （English）
 |
| Host Country/City
所在国/城市
 | （Chinese）
 |
| （English）
 |
| Industry Category
行业类别
 |
 |
| Format of Test
申请考试类型
 | Paper-based Test□ Internet-based Test □
纸笔考试 网络考试
 |
| Contact Address & Postal Code
通讯地址&
邮政编码
 | （Chinese）
 |
| （English）
 |
| Person in Charge of the Test Center
考点负责人信息
 | Name
姓名
 |
 | Tel.
固话/手机
 |
 |
| Administrative Post
行政职务
 |
 | Email
邮箱
 |
 |
| Public Contact Info.
考点对外信息
 | Tel. of Test Management
考务联系电话
 |
 | Email of Test Management
考务联系邮箱
 |
 |
| Hotline for Test Takers
考生咨询电话
 |
 | Email for Test Takers
考生咨询邮箱
 |
 |
| Test
Administration
personnel
︵
At least one full-time staff
︶
考务人员（至少一名专职人员）
 | Name
姓名
 | Gender性别
 | Administrative Post
行政职务
 | E-mail
邮箱
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**II.Feasibility Analysis of the Test Center可行性实施报告**

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| The analysis should contain at least the following items(add other pages if necessary):
1.Brief Introduction to the application organization (Date of establishment, legal person, profitability status)
2.Brief Introduction to person in Charge of the application organization
3.Environment, testing rooms, and other facilities of the application organization.
4.Local enrollment and other sources of students.
5.Estimated number of test-takers of the coming 3 years.
6.Detailed plans on publicity, promotion and implementation of Chinese tests.
报告至少应包含以下各项（如篇幅不够可另行加页）：
1.机构性质简介（成立时间、是否法人、是否营利等）
2.机构负责人简介
3.机构环境、硬件条件等介绍
4.机构所在地生源情况介绍
5.机构承办考试未来三年考生人数预估
6.机构宣传、推广、组织的详细实施计划
 |
|

（Signature with official seal）
MM/DD/YY
（加盖单位公章）
 年 月 日
 |