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## Chinese-English Language Partner Program Application Form

Name:					
	Family name	Middle name	Given name		
Address:					

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+			
Why do you want to be a language partner	?		
Please provide two references below:			
	Mailing address:		
Telephone:			
	Email:		
	Mailing address:		
Telephone:			
Relationship:	Email:		
Indicate your evailability (days and times)	for mostings with your language neutron on a		
	for meetings with your language partner on a		
weekly basis:			
<del></del>			
Signature	Date		

Please return this form to: Ying Hu

Department of Asian Languages and Literatures Office: Room 301, 479 Main Street, Burlington, VT 05405

Email: <u>Ying.Hu@uvm.edu</u>
Tel: (802) 656-1012

Thank you!

 $<sup>^9 + &</sup>lt; ``\% + = \%0\&2\$ + > -\$ + ?\% + @2.0 + -> -A\%3 \# > + -A4 \#\&20 \& @2.0 + = 02 \%\&\&20 \& @2.0 + \%3 = ^*2 @\%0 \&\%1 > 5 + (3.0 \% + 3.0 \%$