# 承德医学院外国留学生学习申请表

## APPLICATION FORM FOR FOREIGNERS WISHING TO STUDY IN CHENGDE MEDICAL COLLEGE

由申请人用中文或英文填写
**To be completed by the applicant in Chinese or English**

照片
Photo

**1. 护照用名/Full legal name**_____
姓/SURNAME 名/FIRST MIDDLE

**2. 中文姓名/Chinese name**_____
姓/SURNAME 名/FIRST

**3. 国籍/Country of citizenship**_____ **4. 婚姻状况/Marital status**_____

**5.宗教信仰 Religion** _____ **6. 性别/Gender** ☐ **男/Male** ☐ **女/Female**

**7. 护照号码及种类/Passport No. & Type** _____ **8. 出生日期(年/月/日)/Date of birth(y/m/d)** ____/____/____

**9. 出生地点/Place of birth** _____ (州/省/STATE/PROVINCE, 国家/COUNTRY)

**10. 永久通讯地址/Permanent home address**_____

_____ 传真/FAX_____ 电话/TELEPHONE_____

**11. 目前通讯地址/Current mailing address if different from permanent address**_____

_____

传真/FAX_____ 电话/TELEPHONE _____ 电子邮件/E-MAIL_____

**12. 来华留学类别 / Categories of foreign students**

1) **攻读学位/Degree Program** √ **本科生 BA.BS** ☐ **硕士生 M.A. /M.S.**

2) **不攻读学位/Non－Degree Program** ☐ **语言生 Language Student** ☐ **普通进修生 General Scholar Student**

☐ **高级进修生 Senior Scholar Student** ☐**研究学者 Research Scholar**

**13. 申请专业/ Field of study** **Western Medicine**

**14. 学习期限/Duration of Study**

**自/from** **2007** 年/year 10 月/month **至/to** **2012** 年/year 10 月/month

**15. 本人学历(从高中开始)/Educational Background (Starting from high school)**

| 校名/Name | 地点/Location | 时间/Dates attended | 专业/Major | 所获学位/Degree Obtained |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

**16. 本人工作经历(从当前工作开始)/Work Experience (Starting from current position)**

| 工作单位/Employer | 地点/Location | 时间/Dates attended | 职位/Position |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

**17 语言能力/Language Proficiency**

语言/language

| | | | | | |
|---|---|---|---|---|---|
| 中文/Chinese | ☐很好/Excellent | ☐ 好/Good | ☐较好 Fair | ☐ 差/ Poor | ☐ 不会/ None |
| 英语/English | √ 很好/Excellent | ☐ 好/Good | ☐较好 Fair | ☐ 差/ Poor | ☐ 不会/ None |

**18 特长爱好/Special skills or interest**

**19 申请人亲属情况/ Family Members of the applicant**

| | 姓名/Name | 年龄/Age | 职业/Employment |
|---|---|---|---|
| 配偶/Spouse | | | |
| 父亲/Father | | | |
| 母亲/Mother | | | |

**20 经济保证人姓名/Financial Sponsor's name** _____

**地址及电话号码/Address & Tel** _____

**与申请人关系/Relationship with the Applicant** _____ **保证人签名/Sponsor's Signature** _____

**21. 在华事务联系人或机构/Person or agency to act on your behalf in China** China International Students Council

**地址及电话号码/Address & Tel** +92-51-111-81-82-83, +44 121 270 4096

**22. 派遣方或推荐人意见/Comment of sponsor or recommending party** _____

**签名/Signature** _____ **日期/Date** _____

**所需其他申请材料/ Attached Materials needed**

1. **本人最后学历成绩单复印件（须公证）/ Transcript of the Most Advanced Studies (Notarized Photocopy)**
2. **本人最后学历证书复印件（须公证）/ Diploma of the Most Advanced Studies ( Notarized Photocopy)**
3. **外国人体格检查记录（复印件）/ Foreigner Physical Examination Form (Photocopy)**
4. **护照（复印件）/ Passport copy**

**申请人保证/I hereby affirm:**

1. **上述情况真实无误。I have reviewed the above information, and it is true and complete to the best of my knowledge.**
2. **在中国学习期间遵守中国政府的法律和学校的规章制度。I shall abide by the laws of the Chinese government and the regulations of the University.**

**申请人签字/Signature** _____ **日期/Date** _____