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 Relegions_____ **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 _____

14. 学习期限/Duration of Study

自/from _____ 年/year _____ 月/month **至/to** _____ 年/year _____ 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

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