** 广西中医药大学外国留学生入学申请表**

**APPLICATION FORM FOR FOREIGN STUDENT**

 Doc. No.

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| --- | --- |
| 学生类别Categories of Student | 🞏 本科生Undergraduate Student 🞏 硕士研究生 Master Candidate 🞏 博士研究生 Doctoral Candidate 🞏 语言生Language Student 🞏 普通进修生 Visiting Student Candidate 🞏 交换生Exchange Student |
| 申请学习时间Duration of Study |  年 月 日 至 年 月 日From( YY/MM/DD) to  | 学习专业Field of Study |  |

个人基本信息：Personal Data

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| --- | --- | --- |
| 姓氏Family Name | 名字Given Name | 照片Photo |
| 中文姓名Chinese Name | 性别 Gender  | 出生日期Date of Birth(YY/MM/DD) |
| 国籍/地区Nationality | 民族National Minority | 出生地点Place of Birth |
| 护照号码Passport No. | 是否华裔Ethnic Chinese(Yes/No) |
| 宗教Religion | 特长、爱好Hobby or Interest |
| 婚姻状况Marital Status | 语言Language | 职业 occupation  |
| 永久联系电话Permanent Contact Tel. | 电子邮件E-mail |
| 永久联系地址Permanent Contact Address |
| 当前联系电话Present Contact Tel. | 当前联系电邮Present Contact E-mail |
| 其他联系方式Other ways of contact |

亲属情况及在华事务联系人：Family Members & Contact in China

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 配偶姓名Spouse’s Name |  | 配偶年龄Spouse’s Age |  | 配偶职业Spouse’s Career |  |
| 联系电话Contact Tel. |  | 联系地址Contact Address |  | 电子邮件E-mail |  |
| 父亲姓名Father’s Name |  | 父亲年龄Father’s Age |  | 父亲职业Father’s Career |  |
| 联系电话Contact Tel. |  | 联系地址Contact Address |  | 电子邮件E-mail |  |
| 母亲姓名Mother’s Name |  | 母亲年龄Mother’s Age |  | 母亲职业Mother’s Career |  |
| 联系电话Contact Tel. |  | 联系地址Contact Address |  | 电子邮件E-mail |  |
| 在华紧急情况联系人Contact in Caseof Emergency in China |  | 关系Relationship |  | 联系电话Contact Tel. |  |
| 电邮E-mail |  | 其他联系方式Other ways of contact |  |
| 推荐人或机构信息Reference Person/Organization  |
| 推荐人/机构Reference Person |  | 电邮E-mail |  |
| 电话Tel |  | 传真Fax |  |
| 地址Address |  |

受教育情况：Education Background

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 学校School Name | 在校时间Duration of Study | 主修专业Fields of Study | 所获文凭/学位Diploma/Degree | 是否有汉语课程Chinese Course Included(Yes/No) |
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汉语情况：Chinese Proficiency

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| --- | --- |
| 是否学过汉语Have you learned Chinese before (Yes/No) | 学过多长时间 \_\_\_\_年\_\_\_\_个月Duration of Learning Chinese \_\_\_\_Years \_\_\_\_Monthes |
| 是否获得汉语水平考试证书Have you gotten HSK certificate (Yes/No) | 汉语水平Chinese Proficiency |
| 是否曾在中国其他院校就读？ 🞏 无 🞎 是 请写出曾就读学校名称。 Have you ever been admitted to any Chinese university/college? Please indicate the name(s) of the university(s) |

健康状况：Health Status

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| --- |
| 过去是否患有下列病史： Have you ever had any of the following diseases or disorders endangering the public order and security? 🞎 无有以下🞏 毒物瘾 Toxicomania 🞏 精神病Psychosis 🞏 高血压 Hypertension 🞏 心脏病 Heart Diseases 🞏 糖尿病 Diabetes 🞏 肝炎 Hepatitis 或其他需要提前告知的疾病 Other diseases need to be informed in advance  |

**申请人保证/I hereby affirm that:**

**1.上述各项中填写的信息和提供的材料真实无误，通讯地址、联系电话及Email地址准确、有效。因信息错误、不清楚或材料内容虚假造成的不良后果，责任由本人承担。**

**All information and materials given in this form are true and correct. I will take the consequences for providing incorrect or invalid information. I will bear all serious consequences due to incorrect or invalid mailing address, phone number or e-mail address.**

**2.在华期间，遵守中国的法律、法规，尊重中华民族的文化和风俗，不从事任何危害中国社会秩序的，与本人学习身份不相符合的活动。遵守校纪校规，服从学校的教育教学安排。**

**During my study in China, I shall abide by the laws and decrees of the Chinese government, as well as respect the cultures and customs of China. I will not participate in any activities in China which are deemed to be adverse to the social order of China and inappropriate to the capacity as a student. I shall abide by the rules and regulations of the host university, and follow the teaching programs arranged by the university.**

**3.本人身体健康符合在华学习标准，如健康状况不能达到在华学习标准，需回国治疗并达到标准后再返回学习；**

**My health status meet with the standard required to study in China, if not, I shall return to my home country to receive treatment until reaching the standard before I get back to study.**

**4.按规定期限修完学业，按期回国，不无故在华滞留；**

**I shall return to my home country as soon as I complete my scheduled program in China, and will not extend my stay without valid reasons.**

**5.如违反上述保证将接受中国法律、法规或学校校纪、校规的惩处。**

**If I am judged by the Chinese laws and decrees and rules and regulations of Guangxi University of Chinese medicine as having violated any of the above, I will not lodge any appeal against the decisions of the relevant authority.**

申请人签字/Signature of the applicant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_日期/Date:\_\_\_\_\_\_\_\_\_\_\_\_

(无此签名，申请无效/The application is invalid without the applicant’s signature)

注意事项/Important Note:

申请表须用中文或英文印刷体填写，其他文字或缺项填写的申请表无效。每个表格项目均为必填项，如某个项目确实无可填写内容的，可填“无”，不可留空。

This form is to be completed by the applicant in Chinese or English only. An incomplete application or completed in languages other than Chinese or English is invalid.

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