**广西中医药大学logo3 广西中医药大学外国学生入学申请表**

**APPLICATION FORM FOR FOREIGN STUDENTS**

**OF GUANGXI UNIVERSITY OF CHINESE MEDICINE**

Doc. No.

|  |  |  |  |
| --- | --- | --- | --- |
| 学生类别  Categories of Student | 🞏 本科生Bachelor Program 🞏 硕士研究生 Master Program  🞏 语言生Chinese Language Program 🞏 普通进修生 Training Program 🞏 交换生Exchange Program | | |
| 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  Major of Study |  |

个人基本信息：Personal Data

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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  Ethnic Group | | 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 Number | | | 电子邮件  E-mail | |
| 永久联系地址  Permanent Contact Address | | | | |
| 当前联系电话  Present Contact Number | | 当前联系电邮  Present Contact E-mail | | |
| 其他联系方式  Other Contact Information | | | | |

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 配偶姓名  Spouse’s Name |  | | 配偶年龄  Spouse’s Age |  | | 配偶职业  Spouse’s Occupation |  |
| 联系电话  Contact Number |  | | 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 Occupation |  |
| 联系电话Contact Number |  | | 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 Occupation |  |
| 联系电话Contact Number |  | | 联系地址Contact Address |  | | 电子邮件  E-mail |  |
| 在华紧急情况联系人  Emergency Contact in China | |  | | 关系  Relation-ship |  | 联系电话  Contact Number |  |
| 电邮  E-mail |  | | | 其他联系方式  Other Contact Information | |  | |
| 推荐人或机构信息Referred by | | | | | | | |
| 推荐人/机构  Person/Institution |  | | | 电邮  E-mail | |  | |
| 电话Telephone |  | | | 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  Major 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

|  |  |
| --- | --- |
| 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 \_\_\_\_Months |
| 是否获得汉语水平考试证书  Have you achieved 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 universities/colleges? Please list the name if answering “YES”. | |

健康状况：Health Status

|  |
| --- |
| 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No  有以下Yes. I have/had  🞏 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 as |

**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 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，达到标准后再返校学习；**

**My health status meet with the standard required to study in China, and if not, I shall return to my home country to receive treatment until reaching the standard before geting 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, decrees, 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：

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。

**Important Notes** 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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