江苏医药职业学院外国留学生入学申请表

**APPLICATION FORM FOR INTERNATIONAL STUDENTS TO STUDY AT**

**Jiangsu Vocational College of Medicine (JSMC)**

**请申请人用中文或英文清楚地填写以下诸项，不能缺项填写，没有的请写“无”。**

**Please fill all the information requested. Handwriting is not acceptable. Please write None if not applicable.**

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| 姓 名  Name  (as shown on passport) | 姓 Last/Family Name | | | | |  | | | | | | | | | | | | | | | 照片  photo |
| 名 Given Name | | | | |  | | | | | | | | | | | | | | |
| 中 文  In Chinese | | | | |  | | | | | 国 籍  Nationality | | | | |  | | | | |
| 男 /Male □  女/Female □ | | | | | 未婚/ Single □  已婚/Married □ | | | | | | 宗教信仰  Religion | | | | |  | | | | |
| 出生日期  Date of Birth | | | **年/Year 月/Mon 日/Date** | | | | | | | | | | 出生地点  Place of Birth | | | | | | 国家/Country  城市/City | | |
| 永久通讯地址及电话号码  Permanent Address and Tel. No. | | | | | | | | 国家/Country 城市/City  邮政编码/Postal Code   , 电话/Tel. No. | | | | | | | | | | | | | |
| 目前通讯地址及电话号码  Current address and Tel. No. | | | | | | | | 国家/Country城市/City  邮政编码/Postal Code  , 电话/Tel. No. | | | | | | | | | | | | | |
| 您希望我们将邮件寄到： □永久地址 □目前联系地址  Please send mails to: □Permanent Address □ Current Address | | | | | | | | | | | | | | | 手机号码  Cell phone Number | | | | |  | |
| 电子邮件  E-mail | |  | | | | | | | | | 最后学历  Highest Education | | | | | | |  | | | |
| 护照号码  Passport No. | | | | |  | | | | | | 护照有效期  Valid until | | | | | | | **年/Year 月/Mon 日/Date** | | | |
| **履历**  **Resume** | | | | 时间  Time period | | | | | | 地点  Place | | | | | | | | | 职业  Identity | | |
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| **家庭成员**  **Family Situation** | | | | 姓名  Name | | | | | 关系  Relationship | | | 年龄  Age | | 职业  Occupation | | | | | | 收入  Income | |
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| **汉语水平**  **Chinese language proficiency** | | | | 汉语学习时间：（ ）个月  （ ）Months of Chinese Study | | | | | | | | HSK考试或其他类型汉语考试成绩：  Band of HSK（Test of Chinese Proficiency）：（ ）Grade  or other certificates which can show your Chinese proficiency | | | | | | | | | |
| 1. Speaking | | | 不会None □ 初级Basic □一般Intermediate □流利Fluent □ | | | | | | | | | | | | | | |
| 2. Listening | | | 不会None □ 初级Basic □一般Intermediate □流利Fluent □ | | | | | | | | | | | | | | |
| 3. Reading | | | 不会None □ 初级Basic □一般Intermediate □流利Fluent □ | | | | | | | | | | | | | | |
| 4. Writing | | | 不会None □ 初级Basic □一般Intermediate □流利Fluent □ | | | | | | | | | | | | | | |
| **留学生类别Categories of international students:**  语言生Language student □ 预科生Preparatory Students □ 专科生Junior college student □ | | | | | | | | | | | | | | | | | | | | | |
| **申请学习专业Desired major:** | | | | | | | | | | | | | | | | | | | | | |
| 学习期限Period of study: | | | | 年Year 月Month 至to年Year 月Month | | | | | | 会何种其他语言  Proficiency in Other Foreign  Languages | | | | | | | | |  | | |
| **紧急情况联系人**  **Emergency Contact (family, relatives, friends, etc.)** | | | | **Contact 1 (in home country)** | | | | | | | | | | | | | | | | | |
| Name: | | | | | | | | | | | | | Relationship: | | | | |
| Address: | | | | | | | | | | | | | Mobile phone: | | | | |
| **Contact 2 (in China)** | | | | | | | | | | | | | | | | | |
| Name: | | | | | | | | | | | | | Relationship: | | | | |
| Address: | | | | | | | | | | | | | Mobile phone: | | | | |
| 申请人保证：   1. 上述各项中所提供的情况是真实无误的； 2. 在中国学习期间遵守中国的法律和学校的规章制度，不从事任何危害中国社会秩序的，与本人来华学习身份不相符合的活动。   I hereby affirm that:  1. All the information in this form is true and correct;  2. I shall abide by the laws of China and the regulations of the School, and will not participate in any activities ,which are deemed to be adverse to the social order in China and are inappropriate to the capacity as a student.  日期：  **年 月 日** 申请人签名：  Date:  **Y M D** Applicant’s Signature | | | | | | | | | | | | | | | | | | | | | |
| **国际教育学院意见**  **Views of School Of International Education** | | | | 签字/Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_ 日期/Date \_\_\_\_\_\_\_年/Year \_\_\_\_\_\_月/Month \_\_\_\_\_日/Day | | | | | | | | | | | | | | | | | |
| **院长审批意见**  **Views of the principal of JSMC** | | | | 签字/Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_ 日期/Date \_\_\_\_\_\_\_年/Year \_\_\_\_\_\_月/Month \_\_\_\_\_日/Day | | | | | | | | | | | | | | | | | |