北京中医药大学外国留学生入学申请表

International Student Application Form for Beijing University of Chinese medicine

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| 中文姓名Name in Chinese | 姓 | 名 | 照片Photo |
| 英文姓名Name in English | Surname | Given name |
| 国籍Nationality | 宗教信仰Religion |
| 性别Sex | 婚姻状况Marital Status |
| 护照号码Passport No. | 有效期至 年 月Valid Until Year Month |
| 出生日期 年 月 日Date of Birth Year Month Date | 出生地点Place of Birth | 母语Mother tongue |
| 联系邮箱E-mail |
| 目前联系地址及电话/Current Mailing Address & Tel |
| 永久通讯地址及电话/Permanent Mailing Address & Tel |
| 紧急联系人姓名及电话/Emergency contact & Tel |
| 最后学历及获得时间Highest Education Level and the date obtained or to obtain |
| 当前学习或任职单位Currently Institution Enrolled/Employed | 职业Occupation |
| 受教育情况/Education Background |
| 在校时间Years Attended | 学校Institutions | 主修专业Fields of Study | 学位Certificates |
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| 工作经历/Employment Record |
| 起止时间Time（from/to） | 工作单位Employer | 从事工作Work Engaged | 职务Position |
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| 汉语水平 很好□ 好□ 一般□ 差□ 不会□Chinese Proficiency Excellent Good Fair Poor None |
| 是否申请预科学习一年 是□ 不是□Do you want to take a one year program of elementary Chinese study Yes No |
| 申请人是否曾为中国大陆、香港、澳门或台湾居民 是□ 不是□Do you used to be a Chinese citizen (include Hongkong/Macao/Taiwan) Yes No |
| 申请入学时间/Year apply for entry 年 Y 月M  |
| 在华学习经费来源Financial Resources for Study 奖学金Scholarship □ 自费Self-supporting □ 其他Others  |
| 学历项目Degree Programs | 五年制汉语授课本科项目Five-year Bachelor Degree taught in Chinese | 中医学Chinese Medicine □ |
| 针灸推拿学Acupuncture, Moxibustion and Tuina □ |
| 五年制双语授课本科项目Five-year Bachelor Degree taught in Chinese and English | 中医学Chinese Medicine □  |
| 非学历项目Non-Degree Programs | 1 预科项目 (Preparatory Program) □2 其它：请注明所选项目 Others: Please specify program  |
| **申请人保证：**1. 上述各项中所提供的情况是真实无误的；
2. 在校学习期间遵守中国政府的法规和学校的规章和制度；
3. 遵守学校的规定交纳各项费用。

**I hereby affirm that:**1. All the information I provided above is true and correct;
2. I shall abide by the laws of the Chinese Government and the regulations of Peking University;
3. I will pay the fees as outlined in the regulation.

**申请人签字/Signature:** **日期/Date:** |