**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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 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 | | | 性别Gender 男Male □ 女Female □ | | |
| 护照号码  Passport No. | | | 未婚Single □ 已婚Married □ | | |
| 出生日期DOB 年Y 月M 日D | | | 出生地点和国家  Place of birth | | | |
| 最后学历 Highest education level | | | 宗教信仰  Religion | | 母语  Mother tongue | |
| 毕业院校  Graduation institute | | | | | 专业  Major | |
| 本国家庭地址  Permanent address | | | | | 电话  Tel or Mobile | |
| 电话  Tel or Mobile | |
| 邮件  E-mail | |
| 签证种类 Type of Visa 学习签证 “X” □ 旅游签证“L”□ 访问签证“F”□ 其他“Others”□ | | | | | | |
| 签证有效期限 Visa Valid Until 年Y 月M 日D | | | | | | |
| 居留许可有效期限Residence Permit Valid Until 年Y 月M 日D | | | | | | |
| 预计在校学习时间 Expected Duration of Study at BUCM 年 Y 月M至to 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 □ | | |
| 五年制英语授课本科项目  Five-year Bachelor Degree taught in English | | | 中医学（含针灸）  Chinese Medicine (including Acupuncture) □ | | |
| 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 | | | | | |