北京中医药大学本科外国留学生入学申请表

Beijing University of Chinese Medicine

 International Student Application Form for Undergraduate Admission

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| 中文姓名Chinese Name | 姓 | 名 | 照片Photo |
| 英文姓名English Name  | 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. | 护照有效期至 Passport Valid Until  年Year 月Month |
| 出生日期 Date of Birth  年Year 月Month 日Date | 出生地点Place of Birth | 母语Mother tongue |
| 申请入学时间/Year apply for entry □ 2022年Y 9月M  |
| **学历项目****Degree Programs** | 五年制汉语授课本科项目Five-year undergraduate program in Chinese | 中医学Chinese Medicine □ |
| 针灸推拿学Acupuncture-Moxibustion and Tuina |
| 联系邮箱（不要使用Gmail、Hotmail、Live和Outlook邮箱，以免无法收到回复邮件）E-mail Address (Please do not use Gmail, Hotmail, Live and Outlook emails to avoid not being able to receive replies)E-mail (1)E-mail (2) |
| 目前联系地址及电话Current Contact Address & Tel  |
| 永久通讯地址及电话/Permanent 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 Information** |
| 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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| 在华学习经费来源Financial Resources for Study 奖学金Scholarship □ 自费Self-supporting □ 其他Others  |
| 是否申请北京市外国留学生新生奖学金 是□ 否□Whether to apply for the Beijing International Student Scholarship for The First Grader Yes No |
| 汉语水平 很好□ 好□ 一般□ 差□ 不会□Chinese Proficiency Excellent Good Fair Poor NoneHSK考试等级 Level of HSK Test  |
| 申请人是否曾为中国大陆、香港、澳门或台湾居民 是□ 不是□Have you ever been a Chinese citizen (include Hong Kong /Macao/Taiwan) Yes No |
| 申请人父母是否为中国大陆、香港、澳门或台湾居民 是□ 不是□Is either of your parents a Chinese citizen (include Hong Kong /Macao/Taiwan) Yes No |
| **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 University;
3. I will pay the fees as outlined in the regulation.

**申请人签字/Signature:** **日期/Date:** |