

浙江中医药大学外国学生入学申请表

APPLICATION FOR ADMISSION TO ZHEJIANG CHINESE MEDICAL UNIVERSITY

姓名 Name	(in English) _____ (Family name First name Middle name)			Chinese name _____	照 片 photo
性别 Sex		出生日期和国家 Date & Place of Birth	_____年____月____日 year month day	国家 Country	
国籍 Nationality		护照号码 Passport No.			
婚姻状况 Marital Status		职业 Occupation			
宗教信仰 Religion		健康状况 Health Status			
录取通知书邮寄地址和电话 (Address to Receive Admission Documents & Tel)					
永久通□地址 (Permanent Address)					
电话号码 (Tel No.:				传真号码 (Fax No.:	
电子邮箱 (E-mail address)					
现汉语水平 Present Chinese Level	很好 (Excellent) <input type="checkbox"/>		好 (Good) <input type="checkbox"/>		
	一般 (Passable) <input type="checkbox"/>		不懂 (No ability) <input type="checkbox"/>		
学习汉语的时间和地点 (Duration and place of studying Chinese)					
最高学历 (Highest Academic Degree Obtained)					
来华留学类别 (Categories of students)		高级进修生 (Senior advanced student) <input type="checkbox"/> 博士候选人 (Doctoral candidate) <input type="checkbox"/> 硕士生 (Master's candidate) <input type="checkbox"/> 本科生 (Undergraduate) <input type="checkbox"/> 普通进修生 (General advanced student) <input type="checkbox"/> 语言生 (Language student) <input type="checkbox"/>			
计划在浙江中医药大学学习时间 (Planned duration of study in ZCMU.)			从_____年____月____日至_____年____月____日 (from) (year) (month) (day) (to) (year) (month) (day)		
在华学习专业 (Academic Speciality in China)					
在华经费来源 (Financial support in China)			自费 (Self-supporting) <input type="checkbox"/> 奖学金 (Scholarship) <input type="checkbox"/>		
在华事务联系人或机构的姓名、地址和电话 (Name, address and telephone number of the person or agency to act on your behalf in China)					
对住房的要求 Requirement for accommodation			由学校安排 <input type="checkbox"/> 自行解决 <input type="checkbox"/> Arranged by school <input type="checkbox"/> Arranged by myself <input type="checkbox"/>		

申请人保证: (1).上述各项中提供的情况是真实无误的;
(2).在中国学习期间遵守中国政府的法律和学校的规章制度。

I hereby affirm that: (1) All information above is true and correct;
(2) I shall abide by the laws of the Chinese Government and the regulations of Zhejiang Chinese Medical University

申请人签字: _____ 日期: _____年____月____日
(Applicant's signature) _____ Date: year month day