

申请编号: _____ 报名费: _____ 录取编号: _____
 录取类别: _____ 专业: _____ 中文名: _____

大连医科大学外国留学生入学申请表(本科生)

Application Form for International Students (Undergraduate Program)

以下信息将作为填写 JW202 表、录取通知书以及制作证件使用，务必确保所有信息的真实、准确。
 The information you filled will be used in your JW202 form, Admission letter, and ID card, please confirm the information is correct and true!

- 照片/
Photo
1. 姓名/Name: 以护照用名为准 (same as in your passport)
 姓/ Family Name _____ 名/Given Name _____
 2. 出生日期/Date of Birth: _____年 YY _____月 MM ____ 日 DD,
 出生地/Place of Birth: _____国家/Country _____ 城市 City
 3. 性别/Sex: M F 国籍/Nationality: _____ 宗教信仰/Religion _____
 婚姻状况/Marital Status: 已婚/Married , 未婚/Single , 其他/Other
 4. 护照号码/Passport Number: _____有效期限至 Valid till _____年 Yr _____月 Mon _____日 DD
 是否持有其他护照/If hold any other country's passport: 否/No , 是/yes (fill next line)
 详细信息/Details: 国家/country _____ 护照号/Passport Number: _____
 护照有效期限至 Expired on _____年 YY _____月 MM _____日 DD

5. 录取通知书邮寄地址/Address for correspondence
 (Please inform the DMU International Student Admission Office for any change of this address)

 家庭住址 /Home Address _____
 电话/Telephone No. _____ 电子邮件/Email Box: _____

6. 最后学历/Education Level:

学习期限 Date entered and left	学校名称 Name of Institution	在学状态 Qualification obtained

7. 工作经历、特长及爱好/employment, special skills or interest:

8. 家庭情况/Family members

姓名/ Name	年龄 /Age	职业 Occupation	联系电话/Tel	Email
父 Father				
母 Mother				

9. 授课语言要求/Language medium required for conducting the course:
 英语/English 汉语/Chinese 日语/Japanese

10. 语言状况/Languages:

- (1) 英语水平/Level of English: (选英语授课者必填/fill it if you choose English medium)
IELTS: _____, or TOFEL: _____, or other exam: _____
- (2) 汉语水平: (选汉语授课者必填/fill it if you choose Chinese medium)
HSK 考试等级/HSK Test Level: _____ 成绩/Marks: _____
- (3) 熟悉其它语言/ Proficiency in Other Languages:
汉语/Chinese , 日语/Japanese , 法语/French , 其它/Others: _____

11. 来华学习专业/the Specific Field of Study in China:

临床医学/MBBS , 口腔医学/Dental , 其他/other : _____

12. 申请入学时间/: Apply to join class from _____年(yr.) _____月 (mo.)

13. 推荐单位/个人/Agency or Referees: (choose one to fill)

- (1) 单位/Agency: _____ 电话 Tel: _____
- or (2) 个人/Referee Name: _____ 与申请人关系/Relationship with _____
联系电话/Tel. _____ Email: _____

14. 经费来源/Source of Funding:

- (1) 家庭资助/Family Support (2) 银行贷款/Bank Loan
(3) 其他/Other ways 请说明/What is that? _____

15. 住宿需求 (均有独立卫生间) /Request for Accommodation (all is bathroom attached)

- (1) 单人间 single room 双人间 double room
(2) 其他要求/Other requirements:
女生公寓/Only girls Dorm , 男生公寓/Only boys Dorm , 混合公寓/Coed dorm
对室友的要求/requirements for roommate (国别和宗教方面/Special for nationality and religion):

16. 申请人保证/I hereby affirm that

- (1) 上述各项中所提供的情况是真实无误的/All the information I provided above is true and correct;
(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/I shall abide by the laws of the Chinese Government and the regulations of Dalian Medical University.

日期/Date _____ 申请人签字/Applicant's signature _____

17. 申请人在递送本申请表的同时, 请提交/Please submit this form with:

- (1) 最后学历证明/An official certificate of your highest education (or notarized photocopy)
(2) 学习成绩单/An official transcripts (or notarized photocopy) (3) 护照复印件/ passport copy
(4) 申请费 /the Application fee

无论申请人是否被录取, 上述申请材料恕不退还。

Whether the candidate is accepted or not, all the application material will not be returned.