

福建医科大学外国留学生入学申请表

APPLICATION FORM FOR FOREIGN STUDENT TO FUJIAN MEDICAL UNIVERSITY

Name in Full (姓名)_____

Sex(性别)_____

Nationality(国籍)_____

Marital Status(婚否)_____

Health Status(健康状况)_____

Date of Birth(出生日期)_____

Passport Number(护照号码)_____

Date of Expiry(护照有效期)_____

Present Occupation and Place of Work(职业、工作单位)_____

Permanent Address(通讯地址)_____

Tel(电话)_____ Fax(传真)_____

E-mail (电子邮件)_____ Cell phone(手机号码)_____

Highest Academic Degree Obtained(最后学历)_____

Specialty of Application (申请专业、年级)_____

Others(其它)_____

Photograph
照片

Materials Required(所需资料均一式三份，复印在 A4 纸上):

- 1)Copies of Notarized Diploma and Transcripts(经公证的学历证件及成绩单复印件)
- 2)Copy of Passport(护照复印件)
- 3)Physical Examination Record(体检表)
- 4)Registration Fee(报名费): 人民币 800 元
- 5)HSK Grade Certificate of middle C-level (汉语水平考试成绩初等 C 级证书正本及复印件)
- 6)近期免冠 2 寸照片 5 张

Signature(签名)_____

Date of Application(申请日期)_____