

编号: ZS-7.5-01

上海中医药大学

Shanghai University of Traditional Chinese Medicine

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外国留学生来华学习申请表

Application Form for Foreigners Wishing to study in Shanghai University of Traditional Chinese Medicine

1、姓名 Name Family Name First Name Middle Name		照片 Photo	
2、出生日期及地点 Date and place birth			
3、国籍 Nationality	4、性别 Sex		
5、婚姻状况 Marital status	6、护照号码 Passport No.	7、宗教信仰 Religion	
8、联系地址 Present Address			
9、电话 Tel		10、电子信箱 E-mail	
11、本人学历 (中等或高等教育学历) Educational background (secondary or higher schooling)			
校名 Name of school	(在学时间年月~年月) Dates of attendance from/to	取得证书学位 Diploma or degree	主要学习科目 Area of specialization

<p>12、本人工作简历 Employment record</p>								
<p>13、现有汉语水平 Present level of Chinese</p> <p>(1) 学习时间及地点 Date and place of study</p> <p>(2) 已达水平 (优、良、可评估) current level("excellent", "good" or "passable ")</p> <table style="width: 100%; text-align: center;"> <tr> <td>阅读</td> <td>听</td> <td>写</td> <td>说</td> </tr> <tr> <td>Reading</td> <td>Listening</td> <td>Writing</td> <td>Speaking</td> </tr> </table>	阅读	听	写	说	Reading	Listening	Writing	Speaking
阅读	听	写	说					
Reading	Listening	Writing	Speaking					
<p>14、专业学习时间 Duration of study for specialized</p>								
<p>15、学习要求 (包括学习和专业) Academic Preferences (What speciality do you study)</p>								
<p>16、经费来源 Financial support</p>								
<p>17、经费保证人及地址 Financial Guarantor's Name and address</p> <p>保证人签名 Guarantor's signature</p>								
<p>18、派遣方或推荐人意见 Comment of sponsor or recommending party</p>								
<p>日期 Date</p>	<p>签名 Signature</p>							

19、申请人保证：

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

I here by affirm that:

- (1) the information in this form is true and correct;
- (2) I shall abide by the laws of the Chinese Government and the regulations of my school.

日期

Date

签名

Applicant's Signature