

天津医科大学

TIANJIN MEDICAL UNIVERSITY

Tianjin Medical University
 The People's Republic of China
 Tel & Fax: 0086-22-23542584

No.22 Qixiangtai Rd
 Heping District
 Tianjin. 300070

Application Form for Foreigners Wishing to Study at Medical University

| | | | |
|--|----------------|--------------|-------|
| Name | | | Photo |
| Nationality | Sex | Passport No. | |
| Date of Birth | Place of Birth | | |
| Health Status | Marital Status | Religion | |
| Mailing Address | | Phone No. | |
| Educational Background | | | |
| Employment Record | | | |
| Present Level of Chinese ① Never learned? Yes <input type="checkbox"/> No <input type="checkbox"/> ② <input type="checkbox"/> months of Chinese Studied. ③ <input type="checkbox"/> band of HSK (Test of Chinese proficiency) achieved. | | | |

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| <p>Categories of Foreign Students</p> <p>① Undergraduate <input type="checkbox"/> ② Master's candidate <input type="checkbox"/> ③ Doctor's candidate <input type="checkbox"/> ④ Postdoctoral study and research <input type="checkbox"/> ⑤ Senior training <input type="checkbox"/> ⑥ Junior training <input type="checkbox"/> ⑦ Short-term students <input type="checkbox"/> ⑧ Learner of Chinese Language <input type="checkbox"/></p> |
| <p>Duration of study at Medical University (from/to)</p> |
| <p>Major in</p> |
| <p>Financial support</p> |
| <p>Sponsor's mailing address:</p> <p style="text-align: right;">Sponsor's signature:</p> |
| <p>I hereby affirm that:</p> <p>① all the information in this form is true and correct. ② I shall abide by the Chinese laws and the regulations of Medical University.</p> <p>Applicant's signature: _____ Date: _____</p> |
| <p>Memorandum</p> |

LETTER OF GUARANTEE

I am willing to be the guardian of Mr. /Ms. _____nationality of _____, during his/her study period at Tianjin Medical University, Tianjin, China, I hereby affirm that:

- 1.To supervise my ward not to do anything that is not applicable for an international student studying in China; and I assure my ward will abide by the laws of the People's Republic of China.
- 2.To urge my ward to exert to study industriously and observe the pertinent rules and regulations of the university.
- 3.To urge my ward to pay the necessary fees on time. I will be liable to my ward for the payment which, in case, my ward is not able to afford to pay.
- 4.To handle the accident that my ward meets during his/her study period at Tianjin Medical University.

Guardian

Nationality:

Name:

Employer:

Address:

Telephone:

Fax:

Relation to my ward:

Signature of Guardian: _____

Date:

E-mail: fenglintmu@hotmail.com, ird@tjmu.edu.cn