

中国医科大学
CHINA MEDICAL UNIVERSITY
外国来华自费学习申请表
Application Form for Foreign Students Intending
to Study in China at Their Own Expenses

国 籍 Nationality				性别 Sex <input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female	
姓 名 Name	姓/Family Name		名/Given Name		
出生地 Place of Birth:		健康状况 Health Conditions		宗教信仰 Religion	
出生日期 Date of Birth	日 月 年 Day Month Year		婚否 Marital Status <input type="checkbox"/> 已 Yes <input type="checkbox"/> 未 No		
护照号码 Passport No.	毕业学校 School of Graduation		最后学历 Last Degree		
工作或学习单位/Employer or Institution Affiliated					
语言 Language				职业 Profession	
申请类别 Applying Status	本科 Bachelor's Degree : MBBS: English <input type="checkbox"/>				
留学期限 Period of Study	日 月 年 Date Month Year	日 月 年 —Date Month Year			
通讯地址 Address					
电话 Telephone:	传真 FAX:		E-mail:		
个人简历 Resume					
月 年 月 年 Month Year — Month Year	学习或工作经历 Study or Working Experiences			身份 Status	

注 Note: 如果简历栏不够可另附一页。 If the space for resume is not enough, you can attach another piece of paper to continue.

填表要求 Requirements for filling in the form:

凡承认中华人民共和国宪法和法律，欲申请来我校自费学习的外国公民均可填写此表。

Any foreign citizens, who acknowledge the Constitution and Laws of P.R. China and intend to apply to our university for study at one's own expense, can fill in this form.

打印或填写。 Please print or write clearly and truthfully.

请将填写的申请表与招生简章中要求的材料一同寄给我校，以便为你办理入学手续。

Please send us the filled form together with the documents required in China Medical University Admission Brochure For Foreign Students, so that we can initiate the process of admission.

如发现申请者填写的内容与实际情况不符者，将不被录取。

If the application form is not truthfully filled in, the application will be rejected.