## 上海健康医学院外国留学生入学申请表

**Shanghai University of Medicine & Health Sciences International Students Application Form**

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| **姓名****Name（as shown on passport）** | 姓 Last/family Name |  | 彩色近照Photo |
| 名 Given Name |  |
| 中文 in Chinese |  |
| **国籍Nationality** | **护照号码Passport No.** | **性别Gender** |
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| **婚姻状况(请打“√”)****Martial Status(Please tick)** | **出生日期Date of Birth(yyyy/mm/dd)** | **出生地点Place of Birth（Country/city）** |
| □Not Married □Married |  |  |
| **健康状况 physical Status** | **电子邮件 E-mail** | **宗教信仰 Religious Belief** |
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| **永久通讯地址和电话****Permanent address & Tel.No.** | 国家/country\_\_\_\_\_\_\_\_\_\_\_\_ 城市/City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_邮政编码/Postal Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_电话/Tel.No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **目前通讯地址和电话****Current address & Tel.No.** | 国家/country\_\_\_\_\_\_\_\_\_\_\_\_城市/City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_邮政编码/Postal Code\_\_\_\_\_\_\_\_\_\_\_\_\_电话/Tel.No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **受教育情况****Education Background From High School** | 学校school | 就读专业Major at school | 就读时间（yyyy/mm/dd）Years Attended（from/to） | 毕业证书或学位证书certificate obtained  |
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| **工作经历****Employment record** | 工作单位Employer | 从事工作Work Engaged | 起止时间Time（from/to） | 职务及职称Posts Held |
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| **语言能力****language Proficiency** | 1. 汉语/Chinese ：□很好Excellent □较好Fair □一般intermediate □差poor
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| HSK考试或其他类型汉语考试成绩：Band of HSK(Test of Chinese Proficiency)：( )Grade or other certificates which can show your Chinese proficiency |
| 1. 英语/English：□很好Excellent □较好Fair □一般intermediate □差poor
 |
| 我的英语水平可以用英语学习/I can be taught in English：□是/Yes □否/No |
| **申请类型****Categories of application** | 1. □本科生/Bachelor’s Degree Program □全日制专科生/Associate Degree Program

□短期生/short-term program □汉语进修生/Chinese language programb. 申请来校学习专业/subject of study in the university：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_c. 申请专业学习时间/Duration of Specialized Study： 自/From：年/Year\_\_\_\_\_\_月/Month\_\_\_\_\_\_\_ 至/To：年/Year\_\_\_\_\_月/Month\_\_\_\_\_\_ |
| **费用来源****Financial support** | * 奖学金/scholarship □自费/Self-supporting □其他/others
 |
| **申请人亲属情况****Family members of the applicants** |  姓名 年龄 职业 Name Age employment配偶/spouse \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_父亲/father \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_母亲/mother \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **紧急情况联系人****Emergency contact（family，relatives，friends，ect.）** | **联系人1（在母国）/Contact 1(in home country)** |
| 姓名/Name： | 关系/Relationship： |
| 地址/Address： | 手机号码/Mobile phone： |
| **联系人2（在中国）/contact 2（in China）** |
| 姓名/Name： | 关系/Relationship： |
| 地址/Address： | 手机号码/Mobile phone： |
| **申请人保证：**1. 上述各项中所提供的信息是真实无误的。All the information given in this form is true and correct.
2. 在中国学习期间遵守中国政府的法律和上海健康医学院的规章制度。I shall abide by the laws of Chinese Government and regulation of the university.
3. 在上海健康医学院学习期间出现任何意外或经济问题，将由担保人负全部责任。Should emergency of

Financial problems occur my guarantor will take the responsibilities 申请人签字/Signature of Applicant：DATE Year Month Date |
| **注：申请人在递送本申请表的同时，请提交 Remarks: The applicant is required to submit:**1. 护照复印件 1、Photocopy of passport
2. 最后学历证明复印件 2、Photocopy of highest education certificate
3. 体检表 3、Body check certificate
4. 学习、工作经历证明 4、Photocopy of academic and work experience certificate
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| **国际教育学院意见****Views of International Education College** | **签字/signature： 日期/date** |
| **学校审批意见****Views of SUMHS** | **签字/signature： 日期/date** |