

# 滨州医学院

## 来华留学生入学申请表

### BINZHOU MEDICAL UNIVERSITY APPLICATION FORM FOR INTERNATIONAL STUDENTS

(登记表可复印/The form can be copied)

姓/Family Name		名/Given Name		中文名 /Chinese Name	照 片 Photo
国 籍 /Nationality			出生地点 /Place of Birth		
出生日期 /Date of Birth	年/Year	月/Month	日/Date	男 <input type="checkbox"/> Male 女 <input type="checkbox"/> Female	
已婚 <input type="checkbox"/> Married 未婚 <input type="checkbox"/> Single	护 照 号 码 /Passport No.			宗 教 /Religion	
毕 业 院 校 /Last School or University Graduated From				班 级 /Class	
专 业 / Field of Study				学 院 / Department	
家庭地址/Permanent Home Address 街道 Street: _____ 城市 City: _____ 国家 Country: _____ 电话/Tel: _____ E-mail: _____					
学习期限/Intended Duration at BMU			现有汉语水平/Present Level of Chinese Language		
从/From	年/Year	月/Month	日/Date	<input type="checkbox"/> 初级/Primary <input type="checkbox"/> 中级/Intermediate <input type="checkbox"/> 高级/Advanced	
至/To	年/Year	月/Month	日/Date		
学生类别/Applying as: 1. 短期生/Short-term Program <input type="checkbox"/> 语言进修生/Language Student <input type="checkbox"/> 专业进修生/Vocational Student 2. 学历生/Long-term Program <input type="checkbox"/> 本科生/Bachelor <input type="checkbox"/> 硕士研究生/M.A/M.S					
指导教师姓名/ Instructor's Name					
本人简历/Educational Background & Work Experience (Starting from middle school)					

家庭主要成员/Family Members

Relationship	Name	Occupation	Telephone Number	Email Address
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

经费来源/Source of Funding      奖学金/Scholarship       自费/Self-Supporting       其他/Other

在华事务经费担保人及电话/Guarantor in China & His/Her Phone No.

担保人签字:

日期:

Guarantor's signature:

Date:

申请人保证: I hereby affirm that:

1. 上述各项中所提供的情况是真实无误的;

All the information given in this form is true and correct;

2. 在中国学习期间将遵守中国政府的法律和学校的规章制度;

I shall abide by the laws of the government of P.R. China and the regulations of the University;

3. 接受滨州医学院对学习的安排, 按时交纳有关费用。

Students should accept the arrangements of study settled by BMU. Pay every fee in time.

申请人签字:

日期:

Applicant's signature:

Date: