

# 外国留学申请表

## Students Application Form

姓名 Name					
国籍 Nationality		性别 Gender			
出生日期 Date of Birth	年 Year	月 Month	日 Day	婚姻状况	
出生地 Place of Birth					
宗教信仰 Religious Belief				健康状况	
最后学历 Highest Academic Degree Obtained				专业 Major	
现学校或工作单位 Current Employer					
永久通讯地址 Permanent Address					
本人联系方式 My Contact Information	电话 Tel./Mobile	传真 Fax No.	电子邮件 E-mail		
紧急事务第一联系人 Contact on Emergencies	姓名 Name	电话 Tel./Mobile	电子邮件 E-mail		
本人简历/Education & Work Experience					
汉语水平 Proficiency of Chinese Language		汉语学习时间/Time for Chinese Learning: _____hours HSK 等级/Band of HSK Achieved: _____			
拟申请学院 Preferences of College of Study					
拟申请学习的专业 Subject or Field of Study I Apply for					

<p style="text-align: center;">留学类别/Categories of International Students I Apply to be in</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> 本科生/Bachelor's Degree Candidate  <input type="checkbox"/> 硕士研究生/Master's Degree Candidate  <input type="checkbox"/> 博士研究生/Doctor's Degree Candidate </div> <div> <input type="checkbox"/> 汉语进修生/Chinese Language Student  <input type="checkbox"/> 普通进修生/General Scholar  <input type="checkbox"/> 高级进修生/Senior Scholar </div> </div>			
<p>费用来源 Financial Support</p>		<input type="checkbox"/> 奖学金/Scholarship <input type="checkbox"/> 自费/Self-supporting <input type="checkbox"/> 其他/Other	
<p>在华事务担保人姓名、联系电话及联系地址: Name, Tel &amp; Address of the Guarantor Charging Your Case in China:</p> <p>担保人签字/Guarantor's Signature: _____</p>			
<p>是否患有下列疾病（每项后面请回答“否”或“是”） Do you have any of the following diseases(Each item must be answered “Yes” or “No”)</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/>Yes   <input type="checkbox"/>No 霍乱 Cholera  <input type="checkbox"/>Yes   <input type="checkbox"/>No 黄热病 Yellow fever  <input type="checkbox"/>Yes   <input type="checkbox"/>No 心脏病 Heart disease  <input type="checkbox"/>Yes   <input type="checkbox"/>No 麻风 Leprosy </div> <div> <input type="checkbox"/>Yes   <input type="checkbox"/>No 性病 Venereal disease  <input type="checkbox"/>Yes   <input type="checkbox"/>No 肺结核 Lung tuberculosis  <input type="checkbox"/>Yes   <input type="checkbox"/>No 艾滋病 AIDS  <input type="checkbox"/>Yes   <input type="checkbox"/>No 精神病 Mental illness </div> </div>			
<p>申请人保证/I hereby confirm that:</p> <ol style="list-style-type: none"> <li>申请表中所填写的内容和提供的材料真实无误，本人愿意为以上信息的真实性负全部责任。 All information and materials given in this form are true and correct to the best of my knowledge and belief. I will take full responsibility for the authenticity of the above information.</li> <li>在南京工业职业技术学院学习期间，遵守中国的法律和学校的规章制度。不从事任何危害中国社会秩序、与本人来华学习身份不符合的活动； I shall abide by the Chinese laws &amp; the regulations during the study at Nanjing Vocational Institute of Industry Technology and will not participate in any activities in China which are deemed to be adverse to the social order of China and are inappropriate to the capacity as a student.</li> </ol> <p>申请人签字/Applicant's Signature: _____</p>			
<p>同学意见: Student comments</p>          			

工大学相关部门意见  
Advice Relevant Offices

负责人签字（单位盖章）： \_\_\_\_\_  
Director's Signature(Seal)

备注  
Remarks