首都医科大学国际学生入学申请表

APPLICATION FORM FOR INTERNATIONAL STUDENTS

CAPITAL MEDICAL UNIVERSITY

No.

<table>
<tr><td colspan="6">个人基本信息/ Basic Information</td></tr>
<tr><td colspan="2">姓/Family Name</td><td colspan="3">名/Given Name</td><td rowspan="3">照
片
Photo</td></tr>
<tr><td>国籍/Nationality</td><td>护照号码/Passport No .</td><td>性别/Gender</td><td colspan="2">婚否/Marital Status</td></tr>
<tr><td colspan="2">出生日期: 年 月 日
Date of Birth: y m. d.</td><td colspan="3">宗教/Religion</td></tr>
<tr><td colspan="2">出生国家 /Country of Birth</td><td colspan="4">出生城市/City of Birth</td></tr>
<tr><td colspan="6">最高学历/Highest Academic Degree Obtained:</td></tr>
<tr><td colspan="3">目前所在学校或机构/ Current Workplace or School</td><td colspan="3">职业/Occupation</td></tr>
<tr><td colspan="6">家庭成员/Family Members</td></tr>
<tr><td>关系/Relationship</td><td>姓名/Name</td><td>职业/Occupation</td><td colspan="2">工作单位/Employer</td><td>联系电话/Tel</td></tr>
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<tr><td></td><td></td><td></td><td colspan="2"></td><td></td></tr>
<tr><td colspan="6">联系方式/Contact Information</td></tr>
<tr><td colspan="3">本国通讯地址/Mailing Address at Home Country
_____
_____
电话、传真号码 / Telephone, fax _____
_____
邮箱 / Email _____</td><td colspan="3">中国通讯地址/Mailing Address in China
_____
_____
电话、传真号码 / Telephone, fax _____
_____
邮箱 / Email _____</td></tr>
<tr><td colspan="6">教育经历/Education Experience</td></tr>
<tr><td>入学时间
/Enrollment Date</td><td>毕业时间
/Graduation Date</td><td>学校名称/ Name of School</td><td colspan="2">所在国家/ Country</td><td>学位/Degree Type</td></tr>
<tr><td></td><td></td><td></td><td colspan="2"></td><td></td></tr>
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工作经历/Work Experience			
开始时间/Year Attended (From)	结束时间 /Year Attended(To)	机构名称/Name of Organization	职位/Position

语言能力 / Language proficiency 请用“好、一般、不会”评价/ (Good/Little/None)			
汉语 /Chinese		英语/ English	
其他语言/ Other Languages			

中文水平/Chinese proficiency: HSK Level:_____ HSK Mark: _____	英文水平/English proficiency: TOEFL mark:_____ IELTS mark:_____ Other Certificate:_____

申请项目 Specialty for Application				住宿选择 Accommodation options：
中文教学 Chinese-Taught				Double Sharing Room ☐
1 临床医学	Clinical Medicine	5-years	☐	Triple Sharing Room ☐
2 口腔医学	Stomatology	5-years	☐	* International Students Dormitory shall be applied in advance. The room type might be adjusted according to availability.
3 中医学	Traditional Chinese Medicine	5-years	☐	
4 护理学	Nursing	4-years	☐	Off Campus ☐
英文教学 English-Taught				(Accommodation outside campus will be arranged by the applicant & University will not be responsible for any arrangement).
1 临床医学	Clinical Medicine	6 years	☐	

推荐人信息/Recommended by (请选择 Please Select)		
☐ Family Members	☐ Friends	☐ Agent
推荐人姓名/ Name:		
电话号码/Tel:	电子邮件 /E-mail：	
通讯地址 / Mailing Address:		

在华事务担保人信息/Guarantor Information 详见首都医科大学国际学生在华事务担保书 See *Guarantor Form for International Applicants of CMU* for details	
与被担保人关系 /Relation with student ☐父母/ Parent ☐其他亲属 /Other Relative ☐朋友 /Friend ☐其他 /Other_____	
姓名/ Name	中文姓名 (如有)/ Chinese Name (if applicable)
国籍/Nationality	护照号码或身份证号/Passport No. or ID No.
电子邮件/E-mail	电话号码/ Tel

联系地址/ **Address**
申请人保证： **1.** 上述各项中所提供的情况是真实无误的； **2.** 在中国学习期间遵守中国的法律和学习规章制度。 **I hereby affirm that:** **1. All the information in this form is true and correct** **2. I shall abide by the Laws of the Chinese Government and the Regulations of your University.** 申请人签字： 日期： **Applicant's signature: Date:**

备注：申请人在交此表时，请同时提交：	**Attention: Applicant should submit the**
1 首都医科大学国际学生在华事务担保书原件和担保人身份证明复印件	1 **Guarantor Form for International Applicants of CMU and Copy of the Guardian's ID**
2 最高学历证书和学习阶段全部课程的成绩单原件扫描件,应届高中毕业生提交本人所在学校出具的预计毕业证明原件	2 **Diploma of highest degree conferred or proof of impending graduation(for applicants in their final year of study)& Transcripts of highest degree conferred**
3 普通护照复印件（照片页），在中国大陆境内的申请者还需要提供有效的签证页或者居留许可页复印件	3 **Photocopy of valid passport identification page (Only ordinary passport is accepted). Applicants currently residing in China must provide a copy of the page containing a valid visa or residence permit.**
4 TOEFL(不低于 80 分）/IELTS(不低于 6.0 分）/其他英语水平成绩证明或免试英语的证明；	4 **The results of TOEFL, IELTS, or English Proficiency Certificate for the applicant (80 or above in TOEFL, 6 or above in IELTS)(only for applicants from non-English speaking countries).Students from high school with major courses taught in English may be waivered of the above English requirements.**
5 六个月内开具的外国人体格检查记录表并附必要的化验单（乙肝表面抗原、HIV、梅毒、结核）	5 **Physical Examination Record with blood test results (Hepatitis B surface antigen, HIV, syphilis, and TB) within six month**
6 六个月内由当地警察部门提供的无犯罪记录证明	6 **Non-Criminal Offend Certificate provided by local Police Department within six month.**
7 首都医科大学国际学生经济担保函及银行存款证明（存款不低于 1.5 万美元）	7 **Statement of Financial Support for International Students and the guarantor's own or the student's Bank Deposit Certificate (The minimum amount should be 15,000 USD)**

地址：中国北京市丰台区右安门外西铁营 331 号院首都医科大学国际学生事务办公室，100069
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电话/Tel： **86-10-83911199, 86-10-83911919** 传真/Fax：**86-10-83911905**
电子邮件/E-mail：**overseas@ccmu.edu.cn** 网址/Website：**www.ccmu.edu.cn**