

**CAPITALMEDICAL UNIVERSITY**

研究生院招生办公室

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**国际学生入学申请表 (研究生)**

**Application Form for International Students(Postgraduate Programs)**

* **请先阅读本表第四页的填表说明/Please read the notes on the page 4 before filling out the form.**
* **请用中文或英文填写此表/Please complete the form in Chinese or English.**
* **请用黑色或蓝色签字笔填写此表/Please complete the form in black or blue ink pens.**

**1．基本情况/Personal Information**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 护照姓名  Passport Name | 姓/Family name： | | | | | | 照  片  Photo |
| 名/Given name： | | | | | |
| 中文姓名（必填项，不多于6个汉字）  Chinese Name（required, no more than 6 characters） | | | | | | |
| 性别/Gender | | 国籍/Nationality | | 婚姻状况/Marital Status | | |
| 护照号码/Passport No. 有效期至/Valid Until 年/ Yr. 月/ Mon. 日/ Date | | | | | | | |
| 出生日期 \_\_\_\_\_\_\_\_\_年\_\_\_\_\_\_月\_\_\_\_\_\_日  Date of Birth Yr. Mon. Date | | | | 出生地 国家 城市  Place of Birth Country City | | | |
| 最高学位/Highest Degree Obtained： | | | | 学位证书编号/No of Degree: | | | |
| 最高学位毕业学校/ Obtained the Degree from： | | | | | | | |
| 毕业时间/time of graduation： 年/ Yr. 月/ Mon. | | | | | | | |
| 目前所在机构/Employer or Institution Affiliated： | | | | | | 职业/Occupation: | |
| 宗教信仰/Religion: | | | | 母语/Native language: | | | |
| 电话/Tel： | | | 传真/Fax： | | Email： | | |
| 录取通知书邮寄地址/ Address for correspondence  (地址若有变化请及时与研究生院招生办公室联系/Please inform the Office of Admissions, Graduate School for any change of this address) | | | | | | | |
| 家庭住址/Home Address | | | | | | | |

**2．教育背景/Educational Background**

|  |  |  |
| --- | --- | --- |
| 学校/Institutions | 在校时间/ Time(from-to) | 所获证书/Qualification obtained |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| 特长及爱好/Special skills or interests： | | |

**3．工作经历/Employment Experience**

|  |  |  |  |
| --- | --- | --- | --- |
| 工作单位/Employer | 起止日期  Time(from-to) | 从事工作  Work Engaged | 职位  Position |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**4．语言能力/Language Proficiency**

|  |
| --- |
| HSK 考试等级/Level of HSK Test： |
| 英语/English： □很好/Excellent □好/Good □较好/Fair □差/Poor |
| 其它语言/ Other Languages： |

**5．申请项目/ Program Applied for**

|  |
| --- |
| a .申请类别/Program： □硕士研究生/Master 学位类型/Degree Type: □学术型/Research  □博士研究生/Doctor □专业型/Professional |
| b. 申请院系/School or Department Applied for： |
| c. 专业/Major： |
| d. 研究方向/Research Area： |
| e. 导师：申请博士生项目须填写/Supervisor:（Only for Doctoral Program）： |

**6．亲属情况/Family Members**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 姓名/Name | | 年龄/Age | 职业/ Occupation | 联系电话/Tel | Email |
| 父亲  Father |  |  |  |  |  |
| 母亲  Mother |  |  |  |  |  |
| 配偶  Spouse |  |  |  |  |  |

**7．推荐人情况/ Information for Referees**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 姓名/Name | 工作机构/Organization | 职务/Position | 联系电话/Tel | Email |
|  |  |  |  |  |
|  |  |  |  |  |

**8．在华事务担保人或机构/ The Guarantor in China**

|  |  |
| --- | --- |
| 姓名/Name | 联系电话/Telephone |
| 职业/Occupation | Email |
| 工作机构/Employer or Institution Affiliated | |
| 联系地址/Address | |

**9．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 I provided above is true and correct;  （2）在校学习期间遵守中国政府的法规和学校的规章和制度/I shall abide by the laws of the Chinese Government and the regulations of Capital Medical University.  申请人签字/Applicant’s signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_日期/Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**10．申请人在递送本申请表的同时，请按简章中的要求提交/ Please send with this form**

|  |
| --- |
| 1. 最后学历证明/An official certificate of your highest education (or notarized photocopy) 2. 学习成绩单/An official transcripts (or notarized photocopy) 3. 个人陈述/ Statement of your research plan 4. 推荐信/Two letters of recommendation(original) 5. 护照复印件/One photocopy of your passport 6. 汉语水平考试（HSK）考试成绩单复印件/Photocopy of HSK scores 7. 发表文章及工作成果目录/List of publications and academic achievements 8. 申请导师的同意接收函 Consent letter of supervisor 9. 申请费 /the application fee   无论申请人是否被录取，上述申请材料恕不退还。  Whether the applicant is accepted or not, all the application materials will not be returned |

填表说明

（每一项数字与申请表中每一项序号相对应）

**Notes for completion of this application form**

**(Numbers referring to the various blocks)**

|  |
| --- |
| 1. 本项所有内容申请人必须如实填写。   Personal information about the applicant must be filled in truly and correctly.  “照片”：请贴护照尺寸照片。  Please stick a passport-sized photo. |
| 1. 请列出已经完成或即将完成的各级教育，从大学填起。Please provide the following information about your education or training background from college. |
| 1. 工作经历。Please clarify your work experiences and your current position. |
| 1. 申请人的语言情况。Please state your proficiency of languages, especially Chinese. |
| 1. 请按研究生招生简章填中的有关信息写报考志愿。Choose your major and department according to Application Information from graduate school of Capital Medical University. |
| 1. 申请人亲属的基本情况。General information about the applicant’s family members. |
| 1. 推荐人情况。The person or organization that recommends you for application. |
| 1. 在华事务担保人或机构，须为在中国境内的人士或机构，以便在紧急时学校能与其取得联系。   The guarantor charging your case, either an individual or an organization, must be in China, so that we can contact them in case of any emergency. |
| 1. 申请人保证，须申请人本人签字，没有本人签名，视为申请无效。   The application is invalid without the applicant’s signature. |
| 1. 提交的材料请按最新的招生简章的要求提供。   Please provide your application materials according to the up-to-date Application Information. |