

## 广州中医药大学港澳台、外国留学生入学申请表 (本科生)

### Application Form for Hong Kong, Macao, Taiwan and Foreign Students Guangzhou University of Chinese Medicine (Undergraduate Program)

- 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 marker pens.

申请人情况/Personal Information			
姓名 Name	英文姓名 (以护照用名为准) Passport Name	姓/Family Name	
		名/Given Name	
	中文姓名 (必填) Chinese Name (must fill)		
照片 Photo			
性别 Sex	国籍/地区 Nationality	婚姻状况 Marital Status	
护照号码 Passport No.		有效期至/ Valid Until _____年____月____日 Yr. Mon. 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	
身份证号码 Identification No.		家庭住址 Home Address	
最后学历 Education level		毕业学校 Graduated School	
申请专业 Field of Study		宗教信仰 Religion	母语 Native language
目前所在学校或机构 Place of Study or Work			职业 Occupation
电话/Tel		传真/Fax	Email
录取通知书邮寄地址/Address for Correspondence (Please inform the university of any change of this address)			
语言能力/Language Proficiency			
HSK 考试等级 (如果有请填写) / Level of HSK Test (If appropriate)		英语能力 English Proficiency	
申请人经历/ Experiences			
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 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 our university.			
日期/Date _____ 申请人签字/Applicant's signature _____			