

宜春学院留学生入学申请登记表
Application Form for Foreign Students for Yichun University
(Yichun School of Medicine)

姓名/Name	姓 Family Name	名/Given name	照片 Photo
国籍/Nationality		护照号/Passport No.	
性别 Sex		婚否/Marital Status	
出生日期: 年 月 日 Date of birth		出生地点/Place of Birth	
家庭住址和电话 Home Add.& Tel.			
最后学历/Highest Academic Degree Obtained		职业/Occupation	
工作或学习单位/Employer or Institution Affiliated			
来华学习专业/Field of Study in China			
高中成绩 Marks obtained in(10+2)/equivalent			
入学考试成绩/Marks Obtained in the Entrance Examination			
父亲姓名职业/Name and profession of father			
母亲姓名职业/Name and profession of mother			
<p>入学申请 Application for admission</p> <p>我已经详细阅读了宜春学院的宣传画册、收费标准、课程安排、留学生手册等有关资料，我同意交纳有关费用，愿意接受学校管理并申请到宜春学院就读临床医学专业(汉语授课)。</p> <p>I have read prospectus, standards of fees, rules and regulation for the foreign students and program schedule etc. of Yichun University in detail. I am willing to abide by the rules and regulations of the university, and pay the fees according to the standards. Here by I apply for the admission in M.B.B.S.</p> <p style="text-align: right;">Signature: 签 名: _____</p>			

(Please fill up the form completely)

填写日期:

Date: