



廣州中醫藥大學

Guangzhou University of Chinese Medicine

中国广州市番禺区大学城外环东路 232 号广州中医药大学  
留学生及港澳台学生招生就业办公室，邮编：510006

Foreign student and Hong Kong, Macao and Taiwan student  
Recruitment and Employment Office

Guangzhou University of Chinese Medicine, 232 Waihuan  
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Guangzhou, 510006, P.R. China

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Fax: (008620)39358478

Email: wszsb@gzucm.edu.cn

<http://www.gzucm.edu.cn>

NO. \_\_\_\_\_

请勿填写在此处。Do not write in  
this space.

**\*non-applicable** 申请表中打\*的不用填写或提供!

## 外国留学博士硕士研究生入学申请表

### APPLICATION FORM FOR FOREIGN STUDENTS (DOCTOR/MASTER PROGRAM)

请用中文或英文填写此表/Please complete the form in Chinese or English.

请用电脑输入并打印此表/Please complete the form in computer and print it out.

1. 姓/FAMILY NAME \_\_\_\_\_

名/GIVEN NAMES \_\_\_\_\_

2. 国籍/NATIONALITY \_\_\_\_\_

3. 性别/SEX \_\_\_\_\_ 婚否/MARITAL STATUS \_\_\_\_\_

4. 护照号码/PASSPORT NO. \_\_\_\_\_

有效期/Valid Until: \_\_\_\_\_年/Yr. \_\_\_\_\_月/Mon. \_\_\_\_\_日/Date

5. 出生日期 DATE OF BIRTH \_\_\_\_\_年/Yr. \_\_\_\_\_月/Mon. \_\_\_\_\_日/Date

6. 出生地/PLACE OF BIRTH \_\_\_\_\_国家/Country \_\_\_\_\_城市/City

7. 宗教信仰

RELIGION \_\_\_\_\_

8. 最后学历/EDUCATION LEVEL

\_\_\_\_\_

9. 母语/NATIVE LANGUAGE \_\_\_\_\_

10. 职业和单位

OCCUPATION (if a student, give name of your institution)

\_\_\_\_\_

11. 目前所在学校或机构/PLACE OF STUDY OR WORK

贴  
相  
片

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12.永久通讯地址/PERMANENT HOME ADDRESS

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13. 目前通讯地址/Current mailing address if different from permanent address (**IT IS VERY IMPORTANT FOR POST OF ADMISSION LETTER**)

地址/Address:\_\_\_\_\_

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电话/Telephone:\_\_\_\_\_

14. 联系方式/WAYS OF CONTACT

电子邮件/E-Mail\_\_\_\_\_

手机/Mobile Phone\_\_\_\_\_

15.汉语熟悉程度/CHINESE LANGUAGE PROFICIENCY

很好/excellent    好/good    一般/fair    不会/beginning

HSK 考试等级 (如果有请填写) / Level of HSK Test (If appropriate )\_\_\_\_\_

参加考试时间/Exam Date: \_\_\_\_\_ 取得成绩/Score: \_\_\_\_\_

16.本人学历(从高中开始)/EDUCATIONAL BACKGROUND (Starting from high school)

校名/Name    地点/Location    专业/Major    时间/Dates attended    所获学位/Degree Awarded

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17.本人工作经历(从当前工作开始)/Work Experience (Starting from current position)

工作单位/Employer    地点/Location    时间/Dates attended    职位/Position

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\*18.在华学习或研究的详细计划,请另附页/Statement of your study or research in Guangzhou University of Chinese Medicine, using a separate sheet .

\*19. 经济 保 证 人 姓 名 /Financial Sponsor's name\_\_ \_\_\_\_\_

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地址及电话号码/Address & Tel \_\_\_\_\_

与申请人关系/Relationship with the Applicant \_\_\_\_\_

\*20.在华事务联系人或机构/Person or agency to act on your Behalf in china\_\_\_\_\_

地址及电话号码/ Address & Tel\_\_\_\_\_

21.拟攻读课程/Programme applied for     硕士课程 Master's Programme

博士课程 Doctoral Programme

22. 报考专业/Field(English/Chinese)\_\_\_\_\_

研究方向/Research Topic(English/Chinese)\_\_\_\_\_

导师姓名/Name of Tutor\_\_\_\_\_

23. 申请人保证:

(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 Guangzhou University of Chinese Medicine.

日期/Date\_\_\_\_\_ 申请人签字/Applicant's signature\_\_\_\_\_

24. 申请人在递送本申请表的同时, 请提交/Please send with this form

(1) 个人陈述/ Personal Statement

(2) 两位教授或副教授的推荐信/ Two Recommendation Forms

(3) 最高学历、学位证明复印件/ An official certificate of your highest education (or notarized photocopy)

(4) 全部课程的成绩单复印件/ An official transcripts (or notarized photocopy)

(5) 发表过的论文目录、摘要, 或者其它能够证明自己研究能力的材料

(6) 护照复印件 (有效期内的普通护照) /One photocopy of your valid passport

\* (7) HSK (汉语水平考试) 成绩复印件/ An photocopy of HSK certificate

\* (8) 体检表/ Body check report

\* (9) 如考生拟报考招生专业目录以外的硕士生导师、或博士生导师, 则需提交该导师同意报名的书面意见/ Consent letter from tutor who is not in the admission list

\* (10) 报名费的交费凭证 (报名费 800 元人民币) /Receipt of application fee of RMB800 CNY

# 机密推荐书 (1)

## CONFIDENTIAL RECOMMENDATION FORM

以下各项由推荐专家填写 (推荐人必须曾任高级讲师或以上教职)

To be completed by the Referee(Who must rank or has ranks senior lecturer or above)

1、请就表中所列各项, 对申请人之能力作评价

Please rate applicant's abilities in the following characteristics

	优异 excellent (upper %)	良好 Good (6-20%)	满意 Satisfactory (21-50%)	普通或以下 Average or below (lower 50%)	无从判断 No basis for judgment
智能 Intellectual ability					
对拟攻读学科之知识程度 Knowledge in subject of proposed study					
中文程度 Knowledge of Chinese					
创造力 Initiative					
毅力 Perseverance					
判断力 Judgment					

2.请写出对申请人之评语以供甄别参考。如有需要请另纸书写附上。

Please give general comments which may be of assistance in assessing the applicant. Attach a separate sheet if necessary.

3.推荐人情况介绍。Introduction of Referee.

推荐人姓名

签署

Referee's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

请用正楷(In Block Letters)

职位

日期

Position: \_\_\_\_\_ Date: \_\_\_\_\_

学术机构名称

Name of Educational Institute: \_\_\_\_\_

学术机构地址

Address of Educational Institute: \_\_\_\_\_

电话

Telephone: \_\_\_\_\_

## 机密推荐书 (2)

### CONFIDENTIAL RECOMMENDATION FORM

以下各项由推荐专家填写 (推荐人必须曾任高级讲师或以上教职)

To be completed by the Referee(Who must rank or has ranks senior lecturer or above)

1、请就表中所列各项, 对申请人之能力作评价

Please rate applicant's abilities in the following characteristics

	优异 excellent (upper %)	良好 Good (6-20%)	满意 Satisfactory (21-50%)	普通或以下 Average or below (lower 50%)	无从判断 No basis for judgment
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对拟攻读学科之知识程度 Knowledge in subject of proposed study					
中文程度 Knowledge of Chinese					
创造力 Initiative					
毅力 Perseverance					
判断力 Judgment					

2.请写出对申请人之评语以供甄别参考。如有需要请另纸书写附上。

Please give general comments which may be of assistance in assessing the applicant. Attach a separate sheet if necessary.

3.推荐人情况介绍。Introduction of Referee.

推荐人姓名

签署

Referee's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

请用正楷(In Block Letters)

职位

日期

Position: \_\_\_\_\_

Date: \_\_\_\_\_

学术机构名称

Name of Educational Institute: \_\_\_\_\_

学术机构地址

Address of Educational Institute: \_\_\_\_\_

电话

Telephone: \_\_\_\_\_