

# 云南交通運輸職業學院

YUNNAN VOCATIONAL COLLEGE OF TRANSPORTATION

## 国际学生来华学习申请表

ADMISSION APPLICATION FORM FOR INTERNATIONAL STUDENTS

申请专业 Major Applied for: \_\_\_\_\_

姓名: Name		中文姓名: In Chinese		照片 Photo Passport size
姓 Family name		名 Given name		
国籍 Nationality		护照号码 Passport NO.		
性别 Gender <input type="checkbox"/> 男/M <input type="checkbox"/> 女/F		婚姻状况 Marital Status		
出生日期 Date of Birth 年 月 日 Y M D		出生地点 Place of Birth		
母语 Native Language		宗教 Religion		
最后学历 Highest Academic Degree Obtained		<input type="checkbox"/> 高中/Senior High School Graduate <input type="checkbox"/> 本科/Undergraduate <input type="checkbox"/> 大学在读/College Student <input type="checkbox"/> 硕士/Master <input type="checkbox"/> 其他/Others    Name of the school: _____		
电话/Tel		邮箱 E-mail:		
家庭地址和电话 Address in Homeland				
教育背景 Education Background				
在校时间 Years Attended(from/to)	学校 Name of High School	主修专业 Fields of Study	毕业证书及学位证书 Certificates Obtained or to Be Obtained	
工作经历 Work Experience				
起止时间 Time (from/to)	工作单位 Employer	从事工作 Work Engaged	职务及职称 Position/Title	
语言熟练程度 (请在相应栏目内打“√”) Language Proficiency(Please tick in the corresponding column)				
汉语/Chinese	<input type="checkbox"/> 很好 Excellent <input type="checkbox"/> 好 Good <input type="checkbox"/> 一般 Fair <input type="checkbox"/> 初学 Beginning <input type="checkbox"/> 不会 None			
HSK 考试等级或其他类型汉语考试成绩/ Level of HSK test or other certificates which can show your Chinese Level				
英语/English	<input type="checkbox"/> 很好 Excellent <input type="checkbox"/> 好 Good <input type="checkbox"/> 一般 Fair <input type="checkbox"/> 初学 Beginning <input type="checkbox"/> 不会 None			
雅思、托福成绩或其他类型英语考试成绩/Level of IELTS, TOFEL test or other certificates which can show your English level				
担保人 Guarantors (If you are under 18, you will need a guarantor who lives		姓名/Name		电话/Tel
		工作单位		

in China.)		/Company			
		传真/Fax		电邮/E-mail	
推荐人 Referees (if any)		姓名/Name		电话/Tel	
		工作单位/Company			
		传真/Fax		电邮/E-mail	
家庭成员 Family Members	姓名/Name	年龄/Age	国籍/Nationality	职业/Employment	
父亲/Father					
母亲/Mother					
配偶/Spouse					
<p>申请人保证： I hereby affirm that: 申请表中所填写的内容和提供的材料真实无误；在华期间，遵守中国的法律法规，不从事任何危害中国社会的、与本人来华学习身份不符合的活动；在学期间，遵守学校的校纪、校规，全力投入学习和研究工作。尊重学校的教学安排；按规定期限修完学业，按期回国，不无故在华滞留。 All information and materials given in this form are true and correct. During my stay in China, I shall abide by the laws and regulations of the Chinese government, and will not participate in any activities in China which are deemed to be adverse to the social order of China and are inappropriate to the capacity as a student. During my study in China, I shall abide by the rules and regulations of the host university, and concentrate on my studies and researches, and follow the teaching programs arranged by the university. I shall return to my home country as soon as I complete my scheduled program in China, and will not extend my stay without valid reasons.</p>					
申请人签字日期 Applicants signature: _____		Date: 年/Y 月/M 日/D			

所附材料情况（请在所附附件前打“√”） Documents Attached (Please tick before the attached documents)	
<input type="checkbox"/>	国际学生来华学习申请表/Admission Application Form for International Students
<input type="checkbox"/>	护照扫描件/Passport (Scanned copy in PDF)
<input type="checkbox"/>	中/英文版最后学历成绩单（扫描件）/Transcripts of the Most Advanced Studies in English or Chinese (Scanned copy in PDF)
<input type="checkbox"/>	中/英文版最后学历证书（扫描件）/Diploma of the Most Advanced Studies in English or Chinese (Scanned copy in PDF)
<input type="checkbox"/>	中文或英文语言水平证明材料（扫描件）/Chinese or English Proficiency Documents (Scanned copy in PDF)
<input type="checkbox"/>	外国人体格检查记录/Physical Examination Record for Foreigner
<input type="checkbox"/>	无犯罪证明/Certificate of No Criminal Record
<input type="checkbox"/>	个人照片/Personal ID photo, with white background and jpg format

注意：申请人在递交本申请表的同时，请提交招生简章要求的各种证明文件。不完全的申请表或未按要求交验有关材料，将会延误对此申请的审理时间。

Note: Applicant should submit this form together with all other documents required in our admission brochure. An incomplete application, or failure to submit supporting documents, will DELAY the process of your application.

# 外国人 体格检查记录

## PHYSICAL EXAMINATION RECORD FOR FOREIGNER

姓名 Name		性 别 Sex	<input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female	出生日期 Birth Day-Month- Year		照 片  Photo																																										
现在通讯地址 Present mailing address					血型 blood type																																											
国籍 Nationality		出生地址 Birth Place																																														
<p>过去是否患有下列疾病：每项后面请回答“否”或“是”</p> <p>Have you ever had any of the following diseases? Each item must be answered "Yes" or "No"</p>																																																
<table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">斑疹伤寒 Typhus fever</td> <td style="width: 10%;"><input type="checkbox"/>No <input type="checkbox"/>Yes</td> <td style="width: 30%;">菌 痢 Bacillary dysentery</td> <td style="width: 10%;"><input type="checkbox"/>No <input type="checkbox"/>Yes</td> <td colspan="2"></td> </tr> <tr> <td>小儿麻痹症 Poliomyelitis</td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> <td>布氏杆菌病 Brucellosis</td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> <td colspan="2"></td> </tr> <tr> <td>白 喉 Diphtheria</td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> <td>病毒性肝炎 Viral hepatitis</td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> <td colspan="2"></td> </tr> <tr> <td>猩 红 热 Scarlet fever</td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> <td>产褥期链球菌感染 Puerperal streptococcus infection</td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> <td colspan="2"></td> </tr> <tr> <td>回 归 热 Relapsing fever</td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> <td></td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> <td colspan="2"></td> </tr> <tr> <td>伤寒和付伤寒 Typhoid and paratyphoid fever</td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> <td colspan="4"></td> </tr> <tr> <td>流行性脑脊髓膜炎 Epidemic cerebrospinal meningitis</td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> <td colspan="4"></td> </tr> </table>							斑疹伤寒 Typhus fever	<input type="checkbox"/> No <input type="checkbox"/> Yes	菌 痢 Bacillary dysentery	<input type="checkbox"/> No <input type="checkbox"/> Yes			小儿麻痹症 Poliomyelitis	<input type="checkbox"/> No <input type="checkbox"/> Yes	布氏杆菌病 Brucellosis	<input type="checkbox"/> No <input type="checkbox"/> Yes			白 喉 Diphtheria	<input type="checkbox"/> No <input type="checkbox"/> Yes	病毒性肝炎 Viral hepatitis	<input type="checkbox"/> No <input type="checkbox"/> Yes			猩 红 热 Scarlet fever	<input type="checkbox"/> No <input type="checkbox"/> Yes	产褥期链球菌感染 Puerperal streptococcus infection	<input type="checkbox"/> No <input type="checkbox"/> Yes			回 归 热 Relapsing fever	<input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> No <input type="checkbox"/> Yes			伤寒和付伤寒 Typhoid and paratyphoid fever	<input type="checkbox"/> No <input type="checkbox"/> Yes					流行性脑脊髓膜炎 Epidemic cerebrospinal meningitis	<input type="checkbox"/> No <input type="checkbox"/> Yes				
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<p>是否患有下列危及公共秩序和安全的病症：（每项后面请回答“否”或“是”）</p> <p>Do you have any of the following diseases or disorders endangering the public order and security? (Each item must be answered "Yes" or "No")</p>																																																
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身 高 Height	cm	体 重 Weight	kg	血 压 Blood pressure	mmHg																																											
发育情况 Development		营养情况 Nourishment		颈 部 Neck																																												
视 力 左 L Vision 右 R		矫正视力 左 L Corrected Vision 右 R		眼 Eyes																																												
辨色力 Color sense		皮 肤 Skin		淋巴结 Lymph nodes																																												

耳 Ears	鼻 Nose	扁桃体 Lymph nodes
心 Heart	肺 Lungs	腹部 Abdomen
脊 柱 Spine	四 肢 Extremities	神经系统 Nervous system
其它所见 Other abnormal findings		
胸部 X 线检查 Chest X-ray exam.	心电图 ECG	
化实验室检查 包括血清学诊断 Laboratory exam. (Serodiagnosis)	HIV-Ab(I+II) RPR/TPHA HAV-IgM HbsAg HcV-Ab SGPT	
<p>未发现患有下列检疫传染病和危害公共健康的疾病: None of the following diseases or disorders found during the present examination.</p> <p>霍 乱 Cholera                      性 病 Venereal Disease 黄 热 病 Yellow fever            开放性肺结核 Opening lung tuberculosis 鼠 疫 Plague                        艾 滋 病 AIDS 麻 风 Leprosy                      精 神 病 Psychosis</p>		
意见 Suggestion	检查单位盖章 Official Stamp	
医师签字 Signature of physician	日期 Date	