

柳州城市职业学院东盟国家留学生奖学金申请表

LIUZHOU CITY VOCATIONAL COLLEGE ASEAN STUDENT SCHOLARSHIP APPLICATION FORM

请申请人用中文或英文填写此表格。请用电脑打印或用蓝色或黑色钢笔认真书写表格内容。请在所选项框内划 'X' 表示。不按规定填写的表格将视作无效。

Please complete the form in Chinese or English. Fill in the form with computer, or write legibly in black or blue ink.

Please indicate with 'X' in the blank chosen. Any forms that do not follow the notes will be invalid.



1. 申请人情况/Personal Information:

护照用名/Passport Name: _____

姓/Family Name: _____

名/Given Name: _____

国籍/Nationality: _____ 护照号码/Passport No.: _____

出生日期/Date of Birth: 年/Year _____ 月/Month _____ 日/Day _____

出生地点/Place of Birth: 国家/Country: _____ 城市/City: _____

男/Male: 女/Female: 已婚/Married: 未婚/Single: 其它/Other:

母语/Native Language: _____ 宗教/Religion: _____

当前联系地址/Present Address: _____

联系电话/Tel: _____ 传真/Fax: _____

E-mail: _____

2. 受教育情况/Education Background:

学校/Institutions

在校时间/Years Attended (from—to)

毕业证书及学位证书/Diploma or Degree Obtained or To Obtain

3. 语言能力/Language Proficiency:

a) 汉语/Chinese:

很好/Excellent 好/Good 较好/Fair 差/Poor 不会/None

HSK 考试等级/ Level of HSK test _____

b) 英语/English:

很好/Excellent 好/Good 较好/Fair 差/Poor 不会/None

我的英语水平可以用英语学习/I can be taught in English: 是/Yes 否/No

c) 其他语言/Other Languages:

4. 来校学习计划/Proposed Study at Our University

a) 申请来我校学习的专业/ Major of Study at our College

b) 申请学习时间/Duration of Study:

自/From: 年/Year _____ 月/Month _____ 至/To: 年/Year _____ 月/Month _____

5. 申请人在华事务联系人或机构/The Guarantor Charging Your Case in China:

名称/Name: _____ 电话/Tel: _____

传真/Fax: _____ 地址/Address: _____

6. 申请人是否曾在华学习或任职/Have you ever Studied or Worked in China?

是/Yes: 学习或任职单位/Institution or Employer: _____

在华时间/Time in China:

自/From: 年/Year _____ 月/Month _____ 至/To: 年/Year _____ 月/Month _____

否/No:

7. 申请人亲属情况/Family Members of the Applicants:

	姓名 Name	年龄 Age	职业 Employment
父亲/Father:	_____	_____	_____
母亲/Mother:	_____	_____	_____

申请人保证/I Hereby Affirm That

1. 申请表中所填写的内容和提供的材料真实无误。

All information and materials given in this form are true and correct.

2. 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。

During my stay in China, I shall abide by the laws and decrees 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.

3. 来华后服从学校安排，不得无故要求变更学校和所学专业。

I will agree to the arrangements of my institution and specialty of study in Guangxi made by the University, and will not apply for any changes without valid reasons.

4. 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。

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.

5. 按规定期限修完学业，按期回国，不无故在华滞留。

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.

6. 如违反上述保证而受到中国法律、法规或校纪、校规的惩处，我愿意接受中止或取消奖学金及其它相应的处罚。

If I am judged by the Chinese laws and decrees and the rules and regulations of the university as having violated any of the above, I will not lodge any appeal against the decision of withdrawing my scholarship, or other penalties.

申请人签字/Signature of the Applicant: _____

日期/Date: _____

柳州城市职业学院来华留学生入学申请表

LIUZHOU CITY VOCATIONAL COLLEGE (LCVC) APPLICATION FORM FOR INTERNATIONAL STUDENTS

护照用名 Name on passport	姓/Family name 名/Given name	中文名 Chinese name	(photo)
护照号码 Passport No.	护照有效期/Passport Expiration Date 年/y 月/m 日/dd		
国籍 Nationality	出生地点 Place of birth 国家/Country 省/Province 城市/City		
出生日期 Date of birth	年/Y 月/M 日/D	男 <input type="checkbox"/> Male 女 <input type="checkbox"/> Female	
已婚 <input type="checkbox"/> Married 未婚 <input type="checkbox"/> Single	宗教 Religion	现职业 Current or latest occupation	最后学历/Highest education
现学校或工作单位 Current or latest school or employer			
家庭详细住址/Home address(Include apartment No., street, city, state or province, postcode and country)家庭电话/ Home telephone number: 申请人手机/Applicant's Mobile: 申请人邮箱/Applicant's E-mail:			
申请学习时间 Intended program at LCVC		从/from 年/Y月/M日/D 到/to 年/Y 月/M 日/D	
口很好 Excellent 口好 Good 口一般 Fair 口入门 Beginning 你曾经学过多长时间汉语 (How long have you learned Chinese)? 口 600 学时以上/Over 600 Class hours 口 400-600 学时以上/400-600 Class hours 口 200-400 学时/200-400 Class hours 口 50-200 学时/50-200 Class hours 口 50 学时以下/ Less than 50 Class hours 汉语水平考试等级 (Chinese proficiency test/HSK): 口 考过, HSK___/Yes, band___ 口 考过, 没有级/Yes, but no grades 口 没有考过/No			
现有英语水平/Proficiency in English A <input type="checkbox"/> Fair B <input type="checkbox"/> Good YESC <input type="checkbox"/> Excellent			
学生类别/Program applied for: 汉语进修生 Chinese language student <input type="checkbox"/> 大专生 Diploma <input type="checkbox"/>			
学费和生活费来源/Resource of tuition & living fees: 奖学金/Scholarship <input type="checkbox"/> ; 自费/ Self-supporting <input type="checkbox"/> ; 其他/Other <input type="checkbox"/>			
学校名称 Name of School/College/University	专业 Major	开始年月 (From: M/Y)	结束年月 (To: M/Y)
所获学位/年份 Degree obtained/Year			
工作经历(填至申请日)Work Experience (to the time of application):			
工作单位 Employer	起止时间 Time (From / To)	从事工作 Work Engaged	职务及职称 Posts Held
家庭主要成员/Family members			

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					
过去是否患有下列疾病：（每项后面请回答：“否”或“是”） Have you ever had any of the following diseases? (Each item must be answered "Yes" or "No")							
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	回归热	Relapsing 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	
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	
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”） Do you have any of the following diseases or disorders endangering the public order and security? (Each item must be answered "Yes" or "No")							
毒物瘾	Toxicomania	-----				<input type="checkbox"/> No	<input type="checkbox"/> Yes
精神错乱	Mental Confusion	-----				<input type="checkbox"/> No	<input type="checkbox"/> Yes
精神病	躁狂型	Manic psychosis	-----		<input type="checkbox"/> No	<input type="checkbox"/> Yes	
	妄想型	Paranoid psychosis	-----		<input type="checkbox"/> No	<input type="checkbox"/> Yes	
	幻觉型	Hallucinatory psychosis	-----		<input type="checkbox"/> No	<input type="checkbox"/> Yes	
身高	厘米	体重	千克	血压	千帕		
Height	cm	Weight	Kg	Blood pressure	Kpa		
发育情况		营养情况		颈部			
Development		Nourishment		Neck			
视力 左L	_____	矫正视力 左L	_____	眼			
Vision 右R		Corrected vision 右R		Eyes			
辨色力		皮肤		淋巴结			
Colour sense		Skin		Lymph nodes			
耳		鼻		扁桃体			
Ears		Nose		Tonsils			
心		肺		腹部			
Heart		Lungs		Abdomen			

