

浙江理工大学外国留学生入学申请表

ZSTU International Students Application Form

姓名 Name	姓 Family Name	(please print)		照片 Photo
	名 Given Name	(please print)		
国籍 Nationality		性别 Gender		
护照号码 Passport No.		护照有效期 Valid until		
出生日期 Date of Birth	年 Year	月 Month	日 Day	婚姻状况 Marital Status
出生地 Place of Birth				
宗教信仰 Religious Belief			健康状况 Physical Status	
最后学历 Highest Academic Degree Obtained			专业 Major	
现学习或工作单位 Current Employer or College Affiliated				
职业 Occupation				
永久通讯地址 Permanent Address				
录取材料邮寄地址和电话 Address to Receive Admission Documents and Tel				
本人联系方式 Personal Contact Information	电话 Tel./Mobile		传真 Fax No.	电子邮件 E-mail
亲属联系方式 Family member's Contact Info.	姓名 Name	关系 Relationship	电话 Tel./Mobile	电子邮件 E-mail
本人简历/Education & Work Experience				
是否申请校内住宿 Application for on-campus Residence	<input type="checkbox"/> 是/Yes (<input type="checkbox"/> 单人间/Single; <input type="checkbox"/> 双人间/Double) <input type="checkbox"/> 否/No			
语言能力 Language Proficiency	1 汉语水平/ Chinese Proficiency <input type="checkbox"/> 很好/Excellent <input type="checkbox"/> 一般/Fair <input type="checkbox"/> 差/A Little <input type="checkbox"/> 不会/None <input type="checkbox"/> HSK Level: _____级 2 英语水平/English Proficiency: _____			
拟申请学院 Preferences of College of Study				
拟申请学习的专业 Subject or Field of Study I Apply for				

申请学习时间 Duration	自/From: 年/Year_____月/Month_____日/Day_____ 至/To: 年/Year_____月/Month_____日/Day_____
留学类别/Categories of International Students I Apply to be in	
<input type="checkbox"/> 本科生/Bachelor's Degree Candidate <input type="checkbox"/> 汉语进修生/Chinese Language Student <input type="checkbox"/> 硕士研究生/Master's Degree Candidate <input type="checkbox"/> 普通进修生/General Scholar <input type="checkbox"/> 博士研究生/Doctor's Degree Candidate <input type="checkbox"/> 高级进修生/Senior Scholar	
在华事务担保人姓名、联系电话及联系地址: Name, Tel & Address of the Guarantor Charging Your Case in China:	
担保人签字/Guarantor's Signature: _____ 日期/Date: _____	
是否患有下列疾病（每项后面请回答“否”或“是”） Do you have any of the following diseases(Each item must be answered "Yes" or "No")	
<input type="checkbox"/> Yes <input type="checkbox"/> No 霍乱 Cholera <input type="checkbox"/> Yes <input type="checkbox"/> No 性病 Venereal disease	
<input type="checkbox"/> Yes <input type="checkbox"/> No 黄热病 Yellow fever <input type="checkbox"/> Yes <input type="checkbox"/> No 肺结核 Lung tuberculosis	
<input type="checkbox"/> Yes <input type="checkbox"/> No 心脏病 Heart disease <input type="checkbox"/> Yes <input type="checkbox"/> No 艾滋病 AIDS	
<input type="checkbox"/> Yes <input type="checkbox"/> No 麻风 Leprosy <input type="checkbox"/> Yes <input type="checkbox"/> No 精神病 Mental illness	
申请人保证/I hereby confirm that:	
1. 申请表中所填写的内容和提供的材料真实无误，本人愿意为以上信息的真实性负全部责任。 All information and materials given in this form are true and correct to the best of my knowledge and belief. I will take full responsibility for the authenticity of the above information.	
2. 在浙江理工大学学习期间，遵守中国的法律和学校的规章制度。不从事任何危害中国社 会秩序、与本人来华学习身份不符合的活动； I shall abide by the Chinese laws & the regulations during the study at Zhejiang Sci-Tech University 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. 如违反上述保证而受到中国法律或学校校纪、校规的惩处，我愿意接受浙江理工大学终止学习或其他相应的处罚。 If I'm judged by the Chinese laws and decrees and the rules and regulations of ZSTU as having violated any of the above, I will not lodge any appeal against the decision of ZSTU on suspending my study at ZSTU or other penalties.	
申请人签字/Applicant's Signature: _____ 日期/Date: _____	
浙江理工大学相关部门意见 Advice of ZSTU Relevant Offices	
负责人签字（单位盖章）： _____ Director's Signature(Seal) 日期/Date: _____	
备注 Remarks	

