**外国留学生学习申请表**

**APPLICATION FORM FOR INTERNATIONAL STUDENTS**

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| 1. 姓名  FULL NAME | 中文  \*Chinese Name : | | | | | | 证件照  \* Identification Photo |
| 护照姓 \*Passport Surname： | 护照名 \*Passport Given Name(s)： | | | | |
| 2. 国籍  \* Nationality: | | | 3. 性别 \* Gender:  Male □ Female □ | | | |
| 4. 出生日期 年 月 日  \* Date of Birth: Year Month Date | | | 5. 出生地点  \* Place of Birth: | | | | |
| 6. 宗教信仰 \* Religion: | | | 7. 婚否  \* Marital Status: Married □ Unmarried □ | | | | |
| 8. 护照号码  \* Passport No. | | | | 9. 有效期  \* Date of Expiry : | | | |
| 10. 录取通知书邮寄地址 \*Postal Address (for receiving Admission Letter): | | | | | | | |
| 11. 电话 \* Tel: | | | | 12.传真  Fax: | | | |
| 13 电子邮箱  \* E-mail Address: | | | | | | | |
| 14. 在华联系人  \* Contact Person (in China): | | | | 15. 电话  \* Contact Person’s Tel: | | | |
| 16. 最后学历 \* Highest Academic Degree Obtained: | | | | 17. 现在职业 \* Present Occupation: | | | |
| 18. 现在的工作或学习单位 \* Employer or School Affiliated With: | | | | | | | |
| 19. 申请专业  \* Intended Major:  **https://szupu.szu.edu.cn/ia/programs/tesoc.html** | | | | 1. Master of Arts in Teaching English to Speakers of Chinese | | | |
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| 20. 留学类别：\* Study Category: ①语言生 □ Language student  ②本科生 □ Undergraduate  ③普通进修生 □ Non-degree Student  ④硕士研究生 √ Postgraduate  ⑤博士研究生 □ Doctoral Candidate  ⑥高级进修生 □ Non-degree Graduate Student  ⑦访问学者 □ Visiting Scholar | | | | | 21. 经济来源：\* Sources of Financial Support:  □已获得奖学金/ Scholarship Received  □申请深圳大学奖学金/ Apply From SZU  拟申请金额/ Scholarship Intended to Apply  \_\_\_\_\_\_\_\_\_\_\_\_RMB  THE REST FINANCIAL SUPPORT: □自费/Self-Supporting  □其它来源/ Other Sources Financial support will be provided by : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| 22. 推荐人信息  INFORMATION ABOUT REFERENCES | | | | | | | |
| ① 姓名  Name | | | | | 工作单位 Employer or School Affiliated With | | |
| ② 姓名  Name | | | | | 工作单位 Employer or School Affiliated With | | |
| ③ 姓名  Name | | | | | 工作单位 Employer or School Affiliated With | | |
| 23. 配偶或家人信息  \* INFORMATION ABOUT YOUR SPOUSE OR FAMILY MEMBER | | | | | | | |
| 姓名 \* Name: | | | | | | 出生日期 年 月 日  \* Date of Birth Year Month Date | |
| 与申请人关系 \* Relationship | | | | | | 现职业 \* Present occupation | |
| 地址 \* Address | | | | | | | |

申请日期： 申请人签名：

DATE： HANDWRITING SIGNATURE：

**☆ 符号 \* 为必填项。**

**NOTE: \* indicates Required Fields.**