**新疆生产建设兵团政府奖学金申请表**

**APPLICATION FORM FOR XINJIANG PRODUCTION AND CONSTRUCTION CORPS GOVERNMENT SCHOLARSHIP**

# 个人基本信息：Personal Information:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 受理机构编号  **Agency No. 10759** | 受理机构名称  **Agency Name** | | | |  | Photo |
| 姓氏  **Surname** | | 名字  **Given Name** | | |
| 中文姓名  **Chinese Name** | | 性别  **Gender** | | |
| 出生日期  **Date of Birth** | | 婚姻状况  **Marital Status** | | |
| 国籍  **Nationality** | | 母语  **Native Language** | 护照号码  **Passport No.** | | 护照有效期  **Date of Expiration** | |
| 出生地点/国家  **Country of Birth** | | 出生地点/城市  **City of Birth** | | |  | 宗教  **Religion** |
| 永久联系电话  **Permanent Contact Tel** | 永久联系传真  **Permanent Contact Fax** | | | 永 久 联 系 E-mail  **Permanent Contact E-mail** | | |
| 永久联系地址  **Permanent Contact Address** | | | | | | |
| 当前联系电话  **Present Contact Tel** | 当前联系传真  **Present Contact Fax** | | | 当 前 联 系 E-mail  **Present Contact Fax** | | |
| 当前联系地址 **Present Contact Address** | | | | | | |

**受教育情况及工作经历：Education Background and Employment History:**

最高学历 **Highest Education**

|  |  |
| --- | --- |
| 学校 **Institute Name** | |
| 在校时间 **Years Attended** | 主修专业 **Fields of Study** |
| 毕业证书及学位证书类别  **Graduation Certificate and Degree Certificate Category (eg.BA.BSC)** | |

其他学历Ⅰ **Other Education Certificates Ⅰ**

|  |  |
| --- | --- |
| 学校 **Institute Name** | |
| 在校时间 **Years Attended** | 主修专业 **Fields of Study** |
| 毕业证书及学位证书类别  **Graduation Certificate and Degree Certificate Category** | |

其他学历Ⅱ **Other Education Certificates Ⅱ**

|  |  |
| --- | --- |
| 学校 **Institute Name** | |
| 在校时间 **Years Attended** | 主修专业 **Fields of Study** |
| 毕业证书及学位证书类别  **Graduation Certificate and Degree Certificate Category** | |

**来华前工作单位 Employment History**

|  |  |
| --- | --- |
| 工作单位 **Employer** | |
| 起止时间 **Employment Duration** | 从事工作 **Work Engaged** |
| 职务及职称 **Title** | |

**语言能力及学习计划：Language Proficiency and Study Plan:**

|  |  |  |
| --- | --- | --- |
| 汉语水平  **Chinese Proficiency** |  | 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** |

|  |  |  |  |
| --- | --- | --- | --- |
| 英语水平  **English Proficiency** |  | 英语能力证书  **Obtained English Proficiency Certificate** | |
| 申请类别  **Apply As** |  | 学科门类  **Discipline Applying For** | |
| 授课语言  **Preferred Teaching Language** |  | 专业  **Major Applying For** | |
| 是否补习汉语 **Do You Need Elementary Chinese Study to the Major Study?** | | | |
| 汉语补习时间 **Duration of Elementary Chinese Study** | | | |
| 专业学习时间 **Duration of Major Study** | | | |
| 是否曾在华学习或任职 **Ever Studied or Worked in China** | | | |
| 学习或任职单位 **Institute or Employer** | | | 起止时间 **Employment Duration** |

**在华事务联系人或机构及亲属情况：Other contacts:**

|  |  |  |  |
| --- | --- | --- | --- |
| 在华事务联系人或机构名称 **Name of Contact Person or Organization in China** | |  | 电话**Tel** |
| 邮箱 Mail | |  | 传真 **Fax** |
| 地址 **Address** | | | |
| 配偶姓名 **Spouse’s Name** | | | |
| 配偶年龄 **Spouse’s Age** | 配偶职业 **Spouse’s Occupation** | | |
| 父亲姓名 **Father’s Name** | | | |
| 父亲年龄 **Father’s Age** | 父亲职业 **Father’s Occupation** | | |
| 母亲姓名 **Mother’s Name** | | | |
| 母亲年龄 **Mother’s Age** | 母亲职业 **Mother’s Occupation** | | |

* **补充材料：Supporting Documents:**

🞎证件照片 Document Photo

🞎本人最高学历证书（须公证） Transcripts of the Highest Education (Notarized Photocopy).

Bachelor’s 🞎 Master’s Doctor’s🞎 Others 🞎

🞎本人最高学历成绩单（须公证） Transcripts of the Highest Transcript (Notarized Photocopy).

🞎来华学习计划 Study Plan in China.

🞎两封推荐信 Two Letters of Recommendation.

🞎护照首页 Passport Home Page

🞎外国人体格检查表 Foreigner Physical Examination Form

🞎所发表的文章等 Articles or Papers Written or Published.

🞎美术作品（本人作品彩照六张）、音乐作品（本人音乐作品，MP3格式，文件大小进行限制）（只限申请美术和音乐专业的申请人）Examples of Art (6 color pictures) and Music (1 audio tape) Work (Only for the applicants applying for Fine Arts and Music).

🞎其它支撑材料（请列出）： 。Other Attachments (List Needed)： 。

注：所有补充材料须为清晰扫描件，每份申请材料最多不超过20页。

Note:Each set of the complete materials should not exceed 20 pages. Please use DIN A4.

**●申请人保证：I Hereby Declare 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.

1. 在华期间，遵守中国的法律、法规，不从事任何危害中国社会秩序的、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.

1. 来华后服从就读院校的学习专业和管理，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 China, and will not apply for any changes in these two fields without valid reasons.

1. 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 the rules and regulations of the host university, and concentrate on my studies and researches, and follow the teaching programs arranged by the university.

1. 按照规定参加新疆生产建设兵团奖学金年度评审；

I shall go through the procedures of the Annual Review of XinJiang Production and Construction Corps

Scholarship Status as required.

1. 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.

1. 如违反上述保证而受到中国法律、法规或校纪、校规的惩处，我愿意接受新疆生产建设兵团委员会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 Xin Jiang Production and Construction Corps on suspending, or withdrawing my scholarship, or other penalties.

**签名：\_\_\_\_\_\_\_\_\_\_**

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

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**石河子大学外国留学生申请表**

# Application Form for Foreign Students to Study at Shihezi University

**中国新疆石河子市北四路 电话:Tel: 86-993-2057351**

**Besi Rd .Shihezi City,Xinjiang,P.R.of China 传真:Fax: 86-993-2057351**

请用中文或英语填写/Please fill it out in Chinese or English **E-mail: linx12@163.com**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓  Family Name | |  | | | | 名  Given Name | |  | | | 照片  Photo  3.5×4.5cm |
| 出生日期  Date of Birth | | 年 月 日  Yr. Mo. Day | | | | 出生地点  Place of Birth | |  | | |
| 国 籍  Nationality | |  | | | | 性 别  Sex | |  | | |
| 婚姻状况  Marital Status | |  | | | | 宗 教  Religion | |  | | |
| 永久通讯地址  Permanent Address | | |  | | | | | | | | |
| 电话及传真号  Tel. & Fax No. | | | Tel:  Fax: | | | | 电子邮件E-mail: | |  | | |
| 最后学历  Highest Academic Degree | | |  | | 护照号码及有效期  Passport No./Valid Until | | | | | |  |
| 会何种其他语言  Proficiency in Foreign Languages | | |  | | 父亲的名字  Father’s Name(as in passport) | | | | | |  |
| 来华学习专业  Field of Study in China: | | | | 留学期限Duration of Study  From Yr. Mo. Da. To Yr. Mo. Da. | | | | | | | |
| 家庭主要成员/Family Members | | | | | | | | | | | |
| 姓名/Name | 与本人关系/Relation | | | 职业/Occupation | | | | | | 联系电话/Telephone | |
|  |  | | |  | | | | | |  | |
|  |  | | |  | | | | | |  | |
|  |  | | |  | | | | | |  | |
| 学生类别/Student Status: 本科生Undergraduate Program 🞎 研究生 Postgraduate Program 🞎  博士研究生 Doctoral Program 🞎 短期生 Short-term Training Program 🞎  普通进修生General Training Program🞎 | | | | | | | | | | | |
| 推荐单位及电话  Reference &Tel. | | |  | | | | | | | | |
| 申请人保证: 1、上述各项中所提供的情况是真实无误的; 2、在中国学习期间遵守中国政府的法律和学校的规章制度;  I hereby affirm that: 1. All the information given in this form is true and correct.  2. I shall abide by the laws of the Chinese Government and the regulations of the school.  日期 年 月 日 申请人签名  Date Yr. Mo. Da. Signature of the Applicant | | | | | | | | | | | |

Signature of the Student\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of the Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 个人简历 PERSONAL RESUME APPLICATION FORM | | | | | | |
| 姓名  Name |  | | | | 国籍Nationality |  |
| 护照号  Passport Number |  | | 性别Gender |  | 宗教信仰Religion |  |
| 出生日期  Date of Birth |  | | 婚姻状况  Marital Status |  | 学历  Education |  |
| 父亲情况  Father's Information | 姓名  Name |  | | | | |
| 联系方式Contact Information |  | | | | |
| 单位Employer |  | | | | |
| 母亲情况Mother's Information | 姓名  Name |  | | | | |
| 联系方式Contact Information |  | | | | |
| 单位Employer |  | | | | |
| 受教育情况及工作经历  Education Background and Employment History | | | | | | |
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**外国人体格检查表**

**FOREIGNER PHYSICAL EXAMINATION FORM**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名  Name |  | | 性别  Sex | | □男 Male  □女 Female | | 出生日期  Birth Day-Month-Year | | |  | **照 片**  （加盖检查  单位印章  Photo  (stamped  Official Stamp) |
| 现在通讯地址  Present mailing address | | |  | | | | | | | 血型  Blood |
| 国籍或地区  Nationality | |  | 出生地址  Birthplace | | |  | | | |
| 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”)  班 疹 伤寒 Typhus Fever □No □Yes 菌 痢Bacillary Dysentery □No □Yes  小儿麻痹症 Poliomyelitis □No □Yes 布氏杆菌病 Brucellosis □No □Yes  白 喉 Diphtheria □No □Yes 病毒性肝炎Viral Hepatitis □No □Yes  猩 红 热 Scarlet Fever □No □Yes 产褥期链球 Puerperia Streptococcus infection  回 归 热 Relapsing Fever □No □Yes 菌 感 染 □No □Yes  伤寒和付伤寒 Typhoid or Paratyphoid Fever □No □Yes  流行性脑脊髓膜炎 Epidemic Cerebrospinal Meningitis □No □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 ……………………………………………………………………………..□No □Yes  精神错乱Psychological Disorder ………………………………………………………………..□No □Yes  精神病Psychosis: 躁狂型Manic Psychosis …………………………………………………… □No □Yes  妄想型Paranoid Psychosis………………………………………………….□No □Yes  幻觉型Hallucinatory Psychosis …..………………………………………. □No □Yes | | | | | | | | | | | |
| 身高 厘米  Height cm | | | | 体重 公斤  Weight kg | | | | | 血压 毫米汞柱  Blood pressure mm Hg | | |
| 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 | | |
| 辩色力  Color Sense | | | | 皮肤  Skin | | | | | 淋巴结  Lymph Nodes | | |
| 耳  Ears | | | | 鼻  Nose | | | | | 扁桃体  Tonsils | | |
| 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线检查结果  （附检查报告单）  Chest X - ray  exam  (attached chest  X - ray  report) | |  | | | | 心电图  ECC | |  | |
| 化验室检查  （包括艾滋病、梅  毒等血清学检查  Laboratory exam  (Attached test  report of AIDS,  Syphilis, etc.) | |  | | | | | | | |
| 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 of disorders found during the present examination  霍 乱 Cholera 性 病 Venereal Disease  黄热病 Yellow Fever 肺结核 Lung Tuberculosis  鼠 疫 Plague 艾滋病 AIDS  麻 风 Leprosy 精神病 Psychosis | | | | | | | | | |
| 意 见 检查单位盖章  Suggestion Official Stamp  医师签字 日期  Signature of Physician Date | | | | | | | | | |