

昆明医科大学来华留学生入学申请表
APPLICATION FORM OF INTERNATIONAL STUDENTS
KUNMING MEDICAL UNIVERSITY

姓/Family Name:		照 片 photo
名/Given Name:		
中文名/Chinese Name:	性别/Sex:	
国籍/Nationality:	婚否/Marital Status:	
出生日期: 年 月 日	出生地点/Place of Birth:	
Date of Birth Y M D		
最后学历 Highest Academic Degree Obtained:	职业/ Occupation:	
家庭地址和电话: Home Add.&Tel		
推荐单位和电话: Reference &Tel		
在华事务担保人和电话/Guarantor in China & Tel.:		
护照号码/Passport No.:	居留证号码/Residence Permit No.:	
有效期至/Valid Until:	有效期至/Valid Until:	
汉语熟练程度: 阅读: 会话: 书写:		
Chinese proficiency Reading Speaking Writing		
来华学习专业/ Field of Study in China:	学习期限: 自 年 月至 年 月	
	Duration: from y. m. to y. m.	
专长 Hobby:		
申请人经费来源/Source of financial support: 团体资助/Organization: <input type="checkbox"/> ; 家庭资助/Family: <input type="checkbox"/> ; 个人支付/Individual: <input type="checkbox"/>		
申请人亲属情况/Members of family:		
	姓 名	年 龄
	Name	Age
配偶/Spouse: _____	_____	_____
父亲/Father: _____	_____	_____
母亲/Mother: _____	_____	_____

I solemnly declare that:

- a) The information provided in my application form and the documents attached are correct and true to the best of my knowledge, if there is any incorrect information or false documents, I will be disqualified for the admission.
- b) I shall attend at least 90% of the classes till the final year & will be punctual.
- c) I will pay my tuition and hostel fee in time and in full amount every year, if due, the university can suspend/expel me from the university temporarily or permanently. Any fees paid will not be refundable.
- d) As a student enrolled in Kunming Medical University, during my stay in China, I shall abide by the laws and decrees of the Chinese government and will not participate in any activities which are deemed to be adverse to the social order in China and are inappropriate to the capacity as a student. I understand, accept and agree to abide by the rules, regulations and policies of the university.
- e) During my study in KMU, I agree to live in the campus of KMU.
- f) During my study in KMU, when summer/winter vacation, I agree to go back home/return to school according to the requirements of KMU.

If I do not follow the rules and regulations mentioned above, I agree to be punished, suspended or expelled from the university

Signed: _____ Date: _____

我声明:

- a)申请表及附件里的信息均属实, 如有假, 请取消我入学申请资格;
- b)学习期间, 我将准时到课, 并参加至少 90% 的课程;
- c)我将每年按时足额交纳学费与住宿费等规定费用, 如到期未交, 学校可中止我的学习或给予开除处理; 所交费用绝不要求退还;
- d)作为昆明医科大学的一名申请者, 在中国学习期间, 我将遵守中国政府的各项法律条例, 决不参加任何有违学生身份的扰乱社会秩序的活动; 我了解、接受且同意贵校的规章制度;
- e)在昆明医科大学学习期间, 我同意在学校安排的宿舍住宿, 不自行在校外居住。
- f) 在昆明医科大学学习期间, 我同意按学校要求在放假期间按时离校和返校。

以上所述如未能做到, 我甘愿接受惩罚, 学校可以取消我的学习资格或将我开除。

签名: _____ 日期: _____

注意: 请如实填写表格中的每项内容, 否则将不予受理。

Note: Please faithfully fill each item in this form, or your application will not be accepted

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