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| 新版（过渡版）校徽标识图案 | **郑州西亚斯学院留学生入学申请表**  **Application Form of Sias University For International Students Admission** |

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| **\*注意**：请使用电脑填写所有信息并发邮件送至[admission@sclcmail.com](mailto:admission@sclcmail.com)  **Attention**: Please type all information on a computer, and email to [admission@sclcmail.com](mailto:admission@sclcmail.com) | | | | | | | | | | | | | | |
| 1. 个人信息 PERSONAL INFORMATION | | | | | | | | | | | | | | |
| 护照用姓  PASSPORT LAST NAME | | 护照用名  PASSPORT GIVEN NAME | | | | | | 性别  GENDER | | | | | 照 片  PHOTO | |
|  | |  | | | | | | □ 男  MALE | | | | □ 女  FEMALE |  | |
| 护照号码  PASSPORT NUMBER | | 出生日期  DATE OF BIRTH | | | | | | 出生地点  PLACE OF BIRTH | | | | |
|  | | YYYY | | MM | | DD | |  | | | | |
|  | |  | |  | |
| 国籍  NATIONALITY | | 曾用名  PREVIOUSLY USED NAME | | | | | | 母语  NATIVE LANGUAGE | | | | | 婚姻状况  MARITAL STATUS | |
|  | |  | | |  | | |  | | |  | | □ 未婚  SINGLE | □已婚  MARRIED |
| 职业  OCCUPATION | | 工作单位或学校名称及联系方式  NAME AND CONTACT INFORMATION OF EMPLOYER/SCHOOL | | | | | | | | | | | | |
| student | | Gorno-Altaisk State University | | | | | | | | | | | | |
| 通讯地址  MAILING  ADDRESS | 街道及门牌号码 城市 省份 邮政编码 国家  STREET AND NUMBER CITY STATE POSTAL CODE COUNTRY | | | | | | | | | | | | | | |
| 1, Lenkin Street Gorno-Altaisk Altai Republic 649000 Russian Federation | | | | | | | | | | | | | |
| 联系人 联系方式 电子邮件地址  CONTACT PERSON CONTACT PHONE EMAIL ADDRESS | | | | | | | | | | | | | | |
| Iurkova Natalia +79136910092 [dipgasu@mail.ru](mailto:dipgasu@mail.ru) | | | | | | | | | | | | | | |
| 紧急联系  EMERGENCY CONTACT | 联系人 与本人关系 联系方式 电子邮件地址  CONTACT PERSON RELATIONSHIP CONTACT PHONE EMAIL ADDRESS | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| 1. 教育经历（请写出高中或在读学校的信息）   ACADEMIC INFORMATION (Starting from high school you have attended or are now attending.) | | | | | | | | | | | | | | |
| 学校名称  SCHOOL NAME | | | 所在地  LOCATION | | | | 开始时间  FROM | | 结束时间  TO | 所获学历名称  NAME OF DEGREE/CERTIFICATE | | | | | |
| 1. | | |  | | | |  | |  |  | | | | | |
| 2. | | |  | | | |  | |  |  | | | | | |
| 3. | | |  | | | |  | |  |  | | | | | |

获取更多信息，欢迎联系我们。邮箱：[admission@sclcmail.com](mailto:admission@sclcmail.com) 电话: 86-371-62608969

For more information, you are welcome to contact us via email: admission@sclcmail.com or phone: 86-371-62608969

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| 1. 计划在校学习安排STUDY PLAN AT SIAS UNIVERSITY | | | | | | | |
| 3.1 开始学期SEMESTER TO START: □ 2019 春季 SPRING □ 2019 夏季SUMMER □ 2019 秋季FALL | | | | | | | |
| 3.2 学习期限STUDY DURATION: □ 1 学期 SEMESTER □ 1 年 YEAR □ 4 年YEARS | | | | | | | |
| * 1. 学习项目 STUDY PROGRAM: * 英文授课本科项目DEGREE PROGRAM IN ENGLISH (BACHELOR OF BUSINESS MANAGEMENT) * 中文授课本科项目DEGREE PROGRAM IN CHINESE MEDIUM * 汉语及文化培训项目CHINESE LANGUAGE AND CULTURE TRAINING * 交换学生项目EXCHANGE STUDENT PROGRAM * 短期游学项目TOUR STUDY PROGRAM * 夏令营项目SUMMER CAMP | | | | | | | |
| * 1. 学习专业 STUDY MAJOR： 请填写所学专业PLEASE INDICATE THE MAJOR YOU CHOOSE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| * 1. 语言熟练度LANGUAGE PROFICIENCY | | | | | | | |
| 中文  CHINESE | □ 好 GOOD □ 一般 FAIR  □ 较弱POOR □ 不会NONE | | HSK水平  HSK LEVEL | |  | HSK分数  HSK MARKS |  |
| 英文  ENGLISH | □ 好 GOOD □ 一般 FAIR  □ 较弱POOR □ 不会NONE | | 托福分数  TOEFL MARKS | |  | 雅思分数  IELTS MARKS |  |
| 1. 资金来源FINANCIAL RESOURCE | | | | | | | |
| 请选择资金支持PLEASE INDICATE THAT YOU WILL BE SUPPORTED BY：  □ 机构ORGANIZATION □ 家庭FAMILY □ 奖学金SCHOLARSHIP □ 自给SELF-SUPPORT | | | | | | | |
| 经济担保人姓名  FINANCIAL GUARANTEE NAME | |  | | 联系方式  CONTACT PHONE | |  | |
| 与本人关系  RELATIONSHIP | |  | | 电子邮件地址  EMAIL ADDRESS | |  | |
| 1. 事实陈述STATEMENT OF TRUTH | | | | | | | |
| 申请人保证该申请表提供的信息完整准确、真实无误，知晓申请中表任一栏的信息错误或不完整，将有可能导致申请的延期或取消。  I certify that the information I have provided on this application form are complete, accurate, and true to the best of my knowledge. I understand that furnishing false of incomplete information on any part of this admission application may result in cancellation of admission or suspension from the university.  申请人签名SIGNATURE OF APPLICANT: 日期（日/月/年）DATE (DD/MM/YYYY): | | | | | | | |

获取更多信息，欢迎联系我们。邮箱：[admission@sclcmail.com](mailto:admission@sclcmail.com) 电话: 86-371-62608969

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