**上海商学院**

Shanghai Business School

**短期游学项目申请表**

Application Form for Short-Term Study Tour Program

请用正楷填写/Please use block letter

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名  Name | 姓  Family Name | | | |  | | | | | | | | | | | | | 照片  photo |
| 名  Given Name | | | |  | | | | | | | | | | | | |
| 中 文  In Chinese | | | |  | | | | 国 籍  Nationality | | | | | |  | | |
| 出生日期  Date of Birth | | 年 月 日  Yr. Mo. Day | | | | | | | 出生地点  Place of Birth | | | | | |  | | |
| 婚姻状况  Marital Status | |  | | | 性 别  Sex | |  | | | 宗 教  Religion | | | | |  | | |
| 健康状况  Health Condition | | | 良好 □ 一般 □ 较差 □  Good General Poor  如有既往重大病史，请填写：  If you have suffered major diseases before, please fill in: | | | | | | | | | | | | | | | |
| 母语或官方语言  Native Language or Official Language | | |  | | | | | | | | | 特长  Specialty | | | |  | | |
| 家庭地址  Home Address | | |  | | | | | | | | | | | | | | | |
| 电话  Tel. No. |  | | | | 微信  Wechat ID | | |  | | | | | | 电子邮箱E-mail | |  | | |
| 本人学历  Educational Background | | | | |  | | | | | | 护照号码/Passport No.  有效期/Valid until | | | | | |  | |
|  | |
| 工作或学习单位  Employer or Educational Institution | | | | |  | | | | | | 职业  Occupation | | | | |  | | |
| 既往来华经历  Previous Visits to China | | | | 来华时间  Time | |  | | | | | | | 来华地点  Place | | | | |  |
| 签证类型  Type of Visa | |  | | | | | | | 来华事由  Purpose of Coming to China | | | | |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 以下为申请人父亲的信息  Info of applicant’s father | | | | | | | | |
| 姓名  Name | |  | | | 国籍  Nationality | |  | |
| 职业  Occupation | |  | | | 宗教  Religion | |  | |
| 联系电话  Tel. No. | |  | | | 电子邮箱  E-mail | |  | |
| 以下为申请人母亲的信息  Info of applicant’s mother | | | | | | | | |
| 姓名  Name | |  | | | 国籍  Nationality | |  | |
| 职业  Occupation | |  | | | 宗教  Religion | |  | |
| 联系电话  Tel. No. | |  | | | 电子邮箱  E-mail | |  | |
| 海外紧急联系人（必填）  Overseas Emergency Contact (required) | | | 姓名  Name |  | | 性别  Gender | |  |
| 与本人关系  Your Relationship with the Contact |  | | 联系电话  Tel | |  |
| 邮箱  Email |  | | 地址  Address | |  |
| 语言能力（请用优、良、可评估）  Language Proficiency (“Excellent”,  “Good” or “Passable”) | | | 汉语 Chinese ;  HSK 级 分数 ;  考试日期 test date: | | | | | |
| 英语 English ;  TOEFL (score) ; GMAT (score) ; GRE (score) ;  考试日期 test date: | | | | | |
| 其它 Others | | | | | |
| 教育情况  Educational Background | 学校（所在国家） 在校时间 所获证书、学位 主修专业  Institution (Country) Years attended (from/to) Diploma received Fields of study  \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| 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，尊重学校的教学安排。   I hereby affirm that:  1. All the information in this form is true and correct;  2. I shall abide by the laws of the Chinese Government and the regulations of the School, and will concentrate on my studies and researches, and will follow the teaching programs made by the university.  日期： 年 月 日 申请人签名：  Date: Y M D Applicant’s Signature  (无此签名，申请无效/The application is invalid without signature) | | | | | | | | |
| 注：申请人在递送本申请表和所需申请材料的同时，请发送报名费300元至指定账户（如临时取消报名，费用不予退还）  Remarks: When submitting this application form and the required application materials,  please send the registration fee 300 RMB to the designated bank account.  (In case of cancellation of registration, fees will not be refunded.)  收款人名称及地址：上海商学院 中国上海奉贤区东方美谷大道6333号 邮编：201400  Beneficiary’s Name & Address：Shanghai Business School No.6333, Oriental Beauty Valley Avenue, Fengxian District  Shanghai China, 201400  收款人银行名称及地址:中国银行上海市长宁支行营业部 地址：中国上海长宁区延安西路2067号1楼 邮编：200335  Beneficiary Bank Address: Bank of China Shanghai Changning Sub-branch  1 Floor, No 2067 West Yan An Road, Shanghai China, 200335  收款人账号: 444259248955 Beneficiary A/C No: 444259248955    银行识别代码: SWIFT CODE: BKCHCNBJ300  附言: 须注明申请人姓名和护照号码。  Postscript：please indicate applicant’s name and passport number. | | | | | | | | |