

TONGJI UNIVERSITY
SCHOOL of MEDICINE

1239 Siping Road
200092 Shanghai
China



Tel: 86-21-65985604
<http://med.tongji.edu.cn/En>
<http://med.tongji.edu.cn/mbbs>

同济大学外国留学生入学申请表
Application Form for International Students

填表说明 /INSTRUCTIONS

1. All the required information must be true and complete. In case of any discrepancy, the school has all the rights to take suitable action, e.g, the cancellation of admission.
申请人须如实填写该表，如存在弄虚作假，一经查实，则取消其入学资格。
2. Submit a recent passport-sized photo along with the application form, and fill out all the required blanks (marked with *), otherwise the application will not be considered.
请随表附上一张护照尺寸的近照，否则不予受理。
3. Fill in the form **in Chinese or English** on your computer or with clear handwriting.
请在电脑上填表或手写表格，填表语言要求为中文或英文，字迹须清晰。
4. Please checkmark the square fields as follows:
请用勾选方框区域。



1. 基本情况 /Personal Information

*姓/Family Name:		*护照尺寸照片/Photo:	
*名/Given Name:			
*中文姓名/Chinese Name (if you have) :			
*性别/Gender:	<input type="checkbox"/> male <input type="checkbox"/> female		
*国籍/Nationality:		婚姻状况/Marital Status	
*健康状况/Health Status:		宗教信仰/Religion (if you have):	
*护照号码/Passport No:		*护照有效期/Valid until:	
*出生日期/Date of Birth: (MM/DD/YYYY)		*出生地点/Place of Birth:	
*最高学位/Highest Diploma:		学位证书编号/Code of Diploma:	
*最后毕业学校 /Awarding Institution:		*毕业时间/Time of Graduation:	
*目前所在机构/Place of study or work now:		职业/Occupation:	<input type="checkbox"/> student <input type="checkbox"/> others
*电话/Tel:		*电子邮件/E-mail:	
*录取通知书邮寄地址 / Correspondence address to receive the admission package:			
Receiver:			
Zip:			



2. 教育背景 /Educational Background

请从高中填起（含高中）/Please fill out the educational experience beginning from high school.

*学校名称/Name of Institution	*在校时间/Duration of studies (from MM-DD-YYYY till MM-DD-YYYY)	*专业/Major	*毕业证书/Qualification obtained
特长及爱好/Special skill or interests:			

3. 工作实习经历 / Internship and Employment Record

（简述工作实习经历和职位/Please clarify your working experience if you have.）

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4. 语言能力 /Language Proficiency

*汉语/Chinese:	HSK 考试等级/Level of HSK Tests:
*英语/English:	<input type="checkbox"/> 托福/TOEFL <input type="checkbox"/> 雅思/IELTS <input type="checkbox"/> 其他/Other certificates
其他/Other Languages:	

5. 经费来源 /Source of Funding

<input checked="" type="checkbox"/> 自费/Self-support



6. 申请项目/Application Program

申请类别/Program: 本科生 Undergraduate Student
留学期限/Enrollment: From 2018-09-01 至/to 2024-07-31
申请院系/Department: 医学院/Tongji University School of Medicine
申请专业/Major: 临床医学 (MBBS)

7. 亲属情况/Family Members

称谓 Appellation	*姓名 Name	*职业 Occupation	*联系电话 Telephone
父亲			
母亲			

8. 推荐人情况 /Reference Information (The Person or organization that gives you a reference)

*联系人/Contact	*工作机构/Organization
*电话/传真 Tel/Fax	*联系地址/Address

9. 申请人保证 /I hereby affirm that

(此申请保证, 须申请人本人保证, 无本人签名, 视为无效/The application is invalid without the applicant's signature.)

- 1) 上述各项中所提供的情况是真实无误的/All the information I provided above is true and correct;
- 2) 在校学习期间遵守中国政府和学校规章制度/I agree to abide by the laws of the Chinese Government, the rules and regulations of Tongji University.

日期 /Date:

申请人签字 /Applicant's signature:



10. 申请人在递交本申请表同时，请提交下列文件

/Please send the following application documents along with the application form by post.

1. 最后学历证明复印件（如非英语或中文件，请公证翻译件）/a CERTIFIED or NOTARIZED certificate of your highest academic education*
2. 学习成绩单（如非英语或中文件，请公证翻译件）/An original official transcript of your highest academic education*
3. 护照复印件/Photocopy of passport
4. 申请费：410 元人民币/The application fee: CNY 410

Please note:

“Certified” is defined as “stamped by the senior high school /university”;

“Notarized” is defined as “stamped by the Embassy of China or the Consulates of China in the applicant’s home country (or foreign embassies or consulates in China).

If the afore-mentioned certificate and transcript are not issued in Chinese or in English, they must be submitted along with the certified/notarized Chinese or English translation versions. Any photocopy of transcript or diploma/degree without notarization or certification will not be accepted.

***Bank Transfer Information for the payment of application fee:**

Beneficiary Bank: Bank of China, Shanghai Branch yangpu sub-branch

NO.83 chifeng road,shanghai,200092,P.R.China

Swift number: BKCHCNBJ300

Beneficiary: TongJi University

Beneficiary Bank Account No.: 433859245525

无论申请人是否被录取，上述申请材料及报名费恕不退还。/Whether the candidates are accepted or not, all the application documents will not be returned and the application fee will not be refunded.

11. 联系方式 /Contact Us

地址 /Address:

中国上海市四平路 1239 号医学楼 523 室同济大学医学院外事办公室（邮编:200092）

The International Office of Tongji University School of Medicine (TUSM)

Room 523, Medical Building, 1239 Siping Road, Shanghai 200092, China

电话 /Tel: 0086-21-65985604 | 电子邮件 /E-mail: imed@tongji.edu.cn



GUARANTEE LETTER

***Full name of the student to be guarded:**

***Nationality:**

***Period of study:** From 2018-09-01 to 2024-07-31

Hereby I affirm that I am willing to be the guardian of the student during his/her period of study at the Tongji University School of Medicine, Shanghai, China, and ensure the following:

I. Supervise the student's learning and take responsibility for handling any emergency events that occur to the student.

II. Keep the student from any activities that threaten public order and violate the local and state laws in China.

III. Urge the student to study hard and observe the rules and regulations prescribed by the school and university.

IV. Urge students to pay all the required fees on time, and bear the liability when the student cannot pay.

***Relationship with the student to be guarded:**

***Full Name of Guardian:**

***Nationality**

***Gender:**

***Date of Birth**

***Employer:**

***Position:**

***Home Address:**

***Telephone:**

***Guardian's signature:**

***Date:**