



# APPLICATION FORM FOR OVERSEAS CANDIDATES TO STUDY IN GUANGXI MEDICAL UNIVERSITY

## 广西医科大学留学生申请表

姓/Family Name:	名/Given Name:		Photo
中文名/Chinese Name: (If any)			
国籍/Nationality:	出生地点/Place of Birth:		
护照号码/Passport No.:	性别/Sex:		
出生日期/Date of Birth 年/Year:	月/Month:	日/Date:	
联系地址/Contact Address:			
电话/Tel:	E-mail:		
母语/Native Language:	婚姻状况/Marital Status:	宗教/Religion:	
外语/Foreign Language:	英语/English:	吸毒史/Drug history:	
经费来源/Source of Finance Support:			
最后学历/Highest Academic Degree Obtained:	工作或学习单位/Latest Employer or School Affiliated:		
申请学习专业或研究专题 Field of study to apply	申请专业学习时间 Duration of Specialized study 自/From 年/Year 月/Month 至/to 年/Year 月/Month		
申请人亲属情况/Family Members of the Applicants			
父亲姓名/Father's Name:		Age:	
职业及工作单位/Employment & Employer:			
母亲姓名/Mother's Name:		Age:	
职业及工作单位/Employment & Employer:			
申请人签字/Signature of the applicant:		日期/Date: 年 月 日	

Send this form to [gmufso@aliyun.com](mailto:gmufso@aliyun.com) with the photocopy of your passport, Diploma of Senior High School and Transcript of Senior High School. We will give you a reply when we have received your Application Form.

预祝您申请成功! Wish your application successful!

Tel: +86-771-5357401 Email: [gmufso@aliyun.com](mailto:gmufso@aliyun.com)