

东盟国家留学生全额奖学金项目简介

东盟国家留学生全额奖学金由中国广西壮族自治区政府设立,专门用于资助有意到广西学习的东盟国家优秀学生,内容包括:

- ◆免除学生的注册费、学费、实验费、实习费,住宿费
- ◆提供基本教材费;
- ◆提供重大疾病与意外事故医疗保险;
- ◆除此之外每个月发放 1000 元人民币作为生活费给学生

该奖学金招生名额,只要你符合以下基本条件,即可提出申请:

- ◆拥有东盟国家国籍,身体健康,品行端正,学习态度认真,成绩优良;
- ◆限报读我校 2014 级全日制本科或研究生;
- ◆对中国友好,愿意遵守中国政府的法律法规和学校的规章制度;
- ◆没有同时获得中国政府其他各类奖学金;

申请程序: 请按照要求准备以下材料

- 1、填写完整的《广西政府东盟国家留学生奖学金申请表》和《大学外国留学生入学申请表》(各 1 份,附照片);
- 2、申请人的护照复印件(1 份);
- 3、经过公证的最高学历证明和学习成绩单复印件(各 1 份);
- 4、来华学习或者研究计划(1 份,中文或英文,不少于 200 字);
- 5、内容完整的《外国人体格检查表》复印件(1 份)(体检结果的有效期为 6 个月,过期无效,请申请者注意体检的时间);
- 6、申请人近期(6 个月内)小 2 寸(3.3cmX4.8cm)的证件照片(3 张)。

我们将根据收到的材料情况对申请者进行择优录取,欢迎广大符合条件的东盟国家人士积极申请。

广西政府东盟国家留学生奖学金申请表

(全额奖学金)

GUANGXI GOVERNMENT

FULL SCHOLARSHIP APPLICATION FORM FOR ASEAN STUDENTS

请申请人用中文或英文填写此表格。请用电脑打印或用蓝色或黑色钢笔认真书写表格内容。

请在所选项框内划‘X’表示。不按规定填写的表格将视作无效。

Please Please complete the form in Chinese or English. Fill in the form

With computer, or please write legibly in black or blue ink.

Please indicate with ‘X’ in the blank chosen. Any forms that do not follow the notes will be invalid.

照片 photo

1. 申请人情况/Personal Information:

护照用名/Passport Name:

姓/Family Name: _____

名/Given Name: _____

国籍/Nationality: _____ 护照号码/Passport No.: _____

出生日期/Date of Birth: 年/Year _____ 月/Month _____ 日/Day _____

出生地点/Place of Birth: 国家/Country: _____ 城市/City: _____

男/Male: 女/Female: 已婚/Married: 未婚/Single: 其它/Other:

母语/Native Language: _____ 宗教/Religion: _____

当前联系地址/Present Address:

电话/Tel: _____ 传真/Fax: _____

E-mail: _____

永久通信地址/Permanent Address:

2. 受教育情况/Education Background:

学校/Institutions

在校时间/Years Attended (from/to)

主修专业/Fields of Study

毕业证书及学位证书/Certificates Obtained or To Obtain

3.工作经历/Employment Record:

工作单位/Employer

起止时间/Time (from—to)

从事工作/Work Engaged

职务及职称/Posts and Titles Held

4.语言能力/Language Proficiency:

a) 汉语/Chinese:

很好/Excellent: 好/Good: 较好/Fair: 差/Poor: 不会/None:

HSK 考试等级/ Level of HSK test _____

b) 英语/English:

很好/Excellent: 好/Good: 较好/Fair: 差/Poor: 不会/None:

我的英语水平可以用英语学习/I can be taught in English: 是/Yes 否/No

c) 其他语言/Other Languages:

5.来华学习计划/Proposed Study in University:

a) 研究学者/Research Scholar

汉语进修生/Chinese Language Student

本科生/Bachelor's

硕士生/Master's

博士/Doctor's

其它/Others

b) 申请来华学习专业或研究专题/Program or Field of Study in University:

c) 申请专业学习时间/Duration of Study:

自/From: 年/Year _____ 月/Month _____ 至/To: 年/Year _____ 月/Month _____

6.拟在华学习或研究的详细内容（可另附纸）/ Please Describe the Details of your Study or Research Plan in China (an extra paper can be attached if this space is not enough):

7.曾发表的主要学术论文、著作及作品/Academic Papers, Writing & Art Works Published:

8. 申请奖学金类别/Scholarship Applied:

全额奖学金/Full Scholarship:

推荐您申请我校奖学金的机构或个人/Please Specify the Organization or Person Recommending you for this Scholarship:

9.申请人在华事务联系人或机构/The Guarantor Charging Your Case in China:

名称/Name: _____ 电话/Tel: _____

传真/Fax: _____ 地址/Address: _____

10. 申请人是否曾在华学习或任职/Have you ever Studied or Worked in China?

是/Yes: 学习或任职单位/Institution or Employer: _____

在华时间/Time in China:

自/From: 年/Year _____ 月/Month _____ 至/To: 年/Year _____ 月/Month _____

否/No:

11. 申请人亲属情况/Family Members of the Applicants:

姓名	年龄	职业
Name	Age	Employment

配偶/Spouse: _____

父亲/Father: _____

母亲/Mother: _____

申请人保证/I Hereby Affirm That:

1. 申请表中所填写的内容和提供的材料真实无误;

All information and materials given in this form are true and correct.

2. 在华期间, 遵守中国的法律、法规, 不从事任何危害中国社会的、与本人来华学

习身份不符合的活动；

During my stay in China, I shall abide by the laws and decrees of the Chinese government, and will not participate in any activities in China which are deemed to be adverse to the social order of China and are inappropriate to the capacity as a student.

3.来华后服从学校排，不得无故要求变更学校和所学专业；

I will agree to the arrangements of my institution and specialty of study in Guangxi made by the univerdity, and will not apply for any changes without valid reasons.

4.在学期间，遵守学校的校纪、校规，全力投入学习和研究工作。尊重学校的教学安排；
During my study in China, I shall abide the rules and regulations of the host university, and concentrate on my studies and researches, and follow the teaching programs arranged by the university.

5.按规定期限修完学业，按期回国，不无故在华滞留；

I shall return to my home country as soon as I complete my scheduled program in China, and will not extend my stay without valid reasons.

6.如违反上述保证而受到中国法律、法规或校纪、校规的惩处，我愿意接受中止或取消奖学金及其它相应的处罚。

If I am judged by the Chinese laws and decrees and the rules and regulations of the university as having violated any of the above, I will not lodge any appeal against the decision, or withdrawing my scholarship, or other penalties.

申请人签字/Signature of the Applicant: _____

日期/Date: _____

接收学校领导签字: _____

接收学校公章:

外国人体格检查表

FOREIGNER PHYSICAL EXAMINATION FORM

姓名 Name		性别 Sex	<input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female	出生日期 Birthday		照片 (加盖检查单位印章) Photo (Stamped Official Stamp)	
现在通讯地址 Present mailing address							
国籍或地区 Nationality (or Area)		出生地 Birth place		血型 Blood type			
过去是否患有下列疾病：(每项后面请回答“否”或“是”) Have you ever had any of the following diseases? (Each item must be answered “Yes” or “No”)							
班疹 伤寒	Typhus fever	<input type="checkbox"/> No <input type="checkbox"/> Yes	菌 痢	Bacillary dysentery	<input type="checkbox"/> No <input type="checkbox"/> Yes		
小儿麻痹症	Poliomyelitis	<input type="checkbox"/> No <input type="checkbox"/> Yes	布氏杆菌病	Brucellosis	<input type="checkbox"/> No <input type="checkbox"/> Yes		
白 喉	Diphtheria	<input type="checkbox"/> No <input type="checkbox"/> Yes	病毒性肝炎	Viral hepatitis	<input type="checkbox"/> No <input type="checkbox"/> Yes		
猩 红 热	Scarlet fever	<input type="checkbox"/> No <input type="checkbox"/> Yes	产褥期链球	Puerperal streptococcus infection			
回 归 热	Relapsing fever	<input type="checkbox"/> No <input type="checkbox"/> Yes	菌 感 染		<input type="checkbox"/> No <input type="checkbox"/> Yes		
伤寒和付伤寒	Typhoid and paratyphoid fever				<input type="checkbox"/> No <input type="checkbox"/> Yes		
流行性脑脊髓膜炎	Epidemic cerebrospinal meningitis				<input type="checkbox"/> No <input type="checkbox"/> Yes		
是否患有下列危及公共秩序和安全的病症：(每项后面请回答“否”或“是”) Do you have any of the following diseases or disorders endangering the public order and security? (Each item must be answered “Yes” or “No”)							
毒物瘾	Toxicomania.....					<input type="checkbox"/> No <input type="checkbox"/> Yes	
精神错乱	Mental confusion.....					<input type="checkbox"/> No <input type="checkbox"/> Yes	
精神病	Psychosis: 躁狂型	Manic psychosis.....				<input type="checkbox"/> No <input type="checkbox"/> Yes	
	妄想型	Paranoid psychosis.....				<input type="checkbox"/> No <input type="checkbox"/> Yes	
	幻觉型	Hallucinatory.....				<input type="checkbox"/> No <input type="checkbox"/> Yes	
身高 Height	厘米 CM	体重 Weight	公斤 Kg	血压 Blood pressure	毫米汞柱 mmHg		
发育情况 Development		营养情况 Nourishment		颈部 Neck			
视力 左 L_____		矫正视力 左 L_____		眼 Eyes			
视力 右 R_____		矫正视力 右 R_____					
辨色力 Colour sense		皮肤 Skin		淋巴结 Lymph nodes			
耳 Ears		鼻 Nose		扁桃体 Tonsils			
心 Heart		肺 Lungs		腹部 Abdomen			

脊柱 Spine		四肢 Extremities		神经系统 Nervous system																	
其他所见 Other abnormal findings																					
胸部 X 线 检查结果 (附检查报告单) Chest X-ray exam (attached chest X-ray report)				心电图 ECC																	
化实验室检查 (包括艾滋病、 梅毒等血清学检查) Laboratory exam (attached test report of AIDS, Syphilis etc)																					
<p style="text-align: center;">未发现患有下列检疫传染病和危害公共健康的疾病： None of the following diseases of disorders found during the present examination.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">霍乱</td> <td style="width: 25%;">Cholera</td> <td style="width: 25%;">性病</td> <td style="width: 25%;">Venereal Disease</td> </tr> <tr> <td>黄热病</td> <td>Yellow fever</td> <td>肺结核</td> <td>Lung tuberculosis</td> </tr> <tr> <td>鼠疫</td> <td>Plague</td> <td>艾滋病</td> <td>AIDS</td> </tr> <tr> <td>麻风</td> <td>Leprosy</td> <td>精神病</td> <td>Psychosis</td> </tr> </table>						霍乱	Cholera	性病	Venereal Disease	黄热病	Yellow fever	肺结核	Lung tuberculosis	鼠疫	Plague	艾滋病	AIDS	麻风	Leprosy	精神病	Psychosis
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意见 Suggestion 医师签字 Signature of physician			检查单位盖章 Official Stamp 日期 Date																		