

广州中医药大学(爱尔兰中医学院)

2014 年外国留学博士硕士研究生入学申请表

APPLICATION FORM FOR THE ENROLMENT ON A MASTER/DOCTOR DEGREE
IN GUANGZHOU UNIVERSITY OF TCM FOR FOREIGN STUDENTS REGISTERED
WITH THE IRISH COLLEGE OF TCM 2014

(请用英文填写)

1. 姓 FAMILY NAME _____ 名 GIVEN NAMES _____

2. 称号 TITLE _____

3. 性别 SEX _____

4. 国籍 CURRENT NATIONALITY _____

5. 护照号码 PASSPORT NO. _____

6. 出生日期 DATE OF BIRTH _____ year _____ month _____ day

7. 出生地 PLACE OF BIRTH _____

8. 职业和单位

CURRENT OCCUPATION (If a student, give the name of your institution and your subject)

9. 永久通讯地址/PERMANENT HOME ADDRESS _____

10. 目前通讯地址/CURRENT MAILING ADDRESS if different from permanent address

11. 电话/TELEPHONE _____

12. 电子邮件/E-MAIL ADDRESS _____

13. 汉语熟悉程度 ENGLISH LANGUAGE PROFICIENCY (if non-native speaker)

很好/excellent 好/good 一般/fair 不会/beginner

14. ENGLISH LANGUAGE QUALIFICATIONS (if non-native speaker)



15. 本人学历(从高中开始)/GENERAL EDUCATION (Starting from high school)

校名/Name 地点/Location 专业/Major/Subject 时间/Dates attended 所获学位
/Qualifications Awarded

16.本人学历/CHINESE MEDICINE EDUCATION

校名/Name 地点/Location 专业/Major/Subject 时间/Dates attended 所获学位
/Qualifications Awarded

Note: if your TCM qualification is not a Bachelor degree recognized by GUCM, or a Lic.TCM from ICTCM, you must submit a full record of your TCM studies, syllabus and clinical training.

17. 本人工作经历(从当前工作开始)/WORK EXPERIENCE (Starting from current position)

工作单位/Employer 地点/Location 时间/Dates attended 职位/Position

18. 拟攻读课程/PROGRAMME APPLIED FOR 硕士课程 Master's Programme ()

博士课程 Doctoral Programme ()

19. 报考专业/Intended Specialist Chinese Medicine Field_____

究方向/Intended Research Topic(if known)_____

20. Please complete a separate sheet explaining why you wish to undertake this programme and what you hope to achieve as a result of your Master/Doctoral Degree.

申请人签字:

日期:

SIGNATURE_____

DATE_____

I declare that the above information is, to the best of my knowledge, true, complete and accurate.

爱尔兰中医学院

2014 年外国留学博士硕士研究生入学申请表

2014 SUPPLEMENTARY APPLICATION INFORMATION FOR ENROLMENT ON A MASTER/DOCTOR DEGREE IN GUANGZHOU UNIVERSITY OF TCM FOR ALL EU/INTERNATIONAL STUDENTS REGISTERED WITH THE IRISH COLLEGE OF TCM

1. 姓 FAMILY NAME _____ 名 GIVEN NAMES _____
2. 称号 TITLE _____
3. 性别 SEX _____
4. 国籍 CURRENT NATIONALITY _____
5. PREVIOUS NATIONALITY (if applicable) _____
5. 护照号码 PASSPORT NO. _____
6. 出生日期 DATE OF BIRTH _____ year _____ month _____ day
7. 出生地 PLACE OF BIRTH _____



STUDENTS OF EU NATIONALITY:

Please tick

8. Please indicate if you wish to study Full time ()
or Part time ()
9. I understand that as a full time student I would be required to live in Ireland during the academic year when I was not studying in Guangzhou. ()
10. I understand that as a part-time student I would be able to continue to live in my normal EU country of residence and would only have to attend for part time study in Dublin, Ireland or Guangzhou, China to complete the necessary Registration, Entrance Examination/s, Taught Modules, Assessments and, where applicable, Research. ()

INTERNATIONAL STUDENTS:

11. I understand that as an International student I can only apply for the Full Time Course and that I will be required to live in Ireland during the academic year, when I was not studying in Guangzhou, and to attend the Irish College of TCM in Dublin on a full-time basis. ()
11. I understand that my acceptance onto the programme, and my participation in it, is subject to my obtaining the necessary Visas to permit me to reside in Ireland for the duration of the programme. I accept responsibility for obtaining and paying for the necessary Visa and meeting all the necessary conditions of the student Visa. ()
12. I understand that in order to meet the requirements of the programme I will be required to attend GUCM on at least two occasions to register with Guangzhou University of Chinese Medicine and the Chinese Department of Education, to undertake some of my Masters/Doctoral studies, and to defend my thesis. I accept that it is my responsibility to obtain and pay for the necessary Visas to enable me to visit and study in China. ()

申请人签字: _____ 日期: _____
SIGNATURE _____ DATE _____

I declare that the above information is, to the best of my knowledge, true, complete and accurate.