**广西外国语学院**

**外国留学生来华学习申请表**

**APPLICATION FORM FOR FOREIGNERS WHO WISH TO STUDY IN**

**GUANGXI UNIVERSITY OF FOREIGN LANGUAGES**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **姓名/Name**  **Family Name： Given Name:** | | | |  |
| **出生日期/Date of Birth** | **性别/Sex** | **出生地/Place of Birth** | |
| **国籍/Nationality** | **护照号码/Passport No.** | **婚姻状况/Marital Status** | |
| **职业/Occupation** | **会何种语言/**  **Spoken Language** | **健康状况/**  **Health Status** | **宗教信仰/**  **Religion** |
| **通讯地址、传真及电子邮件/Mailing Address, Fax No. & Email Address** | | | | |
| **最后学历/Highest Academic Degree Obtained** | | | | |
| **工作或学习单位/Employer or School affiliated** | | | | |
| **来华学习专业/Field of Study in China** | | | | |
| **学生类别/Student Status** | | | | |
| **申请来华时间(从某年某月到某年某月)/Duration of Time in China(month/year)** | | | | |
| **经费来源/Financial Support** | | | | |
| **是否有过吸毒往史/Have you had a drug addiction problem?** | | | | |
| **推荐单位或个人/Reference** | | | | |
| **经济担保人或机构/Financial support will be provided by** | | | | |
| **申请人签名/Date & Signature of Applicant**  **年 月 日**  **Yr Mo Day** | | | | |

**After filling this form, please post or fax it to**

**International Cooperation & Exchanges Office, Guangxi University of Foreign Languages**

**Add: 19 Wuhe Road, Qingxiu District, Nanning, Guangxi, P. R China 530222**

**Tel / Fax: 0086 771 4797111 Email: guf\_inter@126.com**

**Website: <http://www.gxufl.com>**