**发展中国家女官员“女性领导力与社会发展”社会工作专业硕士项目申请表**

# Application Form of the Social Work Postgraduate Program for Female Officials from the Developing Country

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| --- | --- | --- | --- |
| 护照用名/Name in passport | 姓/Family name | 中文名/Chinese name(if applicable) | 照 片Photo |
| 名/Given name |  |
|  |
| 国籍Nationality |  | 出生地点Place of birth |  |
| 出生日期Date of birth |  年 月 日/year /month /date | 男 □Male 女 □Female |
| 已婚□Married未婚□Single | 护照号码Passport No. |  | 宗教/Religion(if applicable) |  |
| 最后学历/Previous education |  | 现职务/Job Duties |  |
| 现工作单位/Current employer |  |
| 永久通讯地址/Permanent mailing address:电话/Tel: 传真/Fax: E-mail 1: E-mail 2（backup）:Note: It is highly suggested that provide two email addresses and avoid to use Gmail for technical reasons. |
| 目前通讯地址/Current address if different:电话/Tel: 传真/Fax: E-mail: |
| 申请专业Application major |  | 研究方向Research topic |  |
| 现有英语水平/English language proficiency: |
| 本人简历/Curriculum vitae单位 时间（年/月——年/月） 主修专业Previous and Current Education & Employer Years Attended(from/to) Fields of Study \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| 家庭主要成员/Family members姓名/ Name 关系/ Relation 职业/ Employment 电话/ Tel:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 紧急联系人（紧急联系人可以是父母或者亲戚朋友，国籍不限，但学生不能做紧急联系人）/Emergency contact during your stay at BLCU(Contact person can be a parent or relative of applicants. Student cannot be the contact person ) 姓名/ Name: 国籍/ Nationality: 与本人关系/Relationship to the applicant: 永久通讯地址/Permanent mailing address:单位/ Name of employer:住宅电话/Home Tel: 办公室电话/Office Tel:传真/ Fax: E-mail: |
| 我愿意到中华女子学院学习，在学习期间保证做到下列各项/I am willing to study at China Women’s University. I pledge the following terms during my study:1. 遵守中华人民共和国法律；

I will abide by the laws of the People’s Republic of China.1. 不从事学习目的以外的活动；

I will not engage in activities bearing no relation with my academic pursuit in China.1. 遵守学校的各项规章制度，努力学习；

I will study industriously and observe all rules and regulations of the University.学生本人签字/Signature of the applicant: 日期/Date: |