**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: | | | | | | |