

Application Form for 2015 Summer School Shanghai University of Traditional Chinese Medicine

PERSONAL INFORMATION

Name: _____ Nationality: _____ Passport Number: _____
Date of Birth (YYYY/MM/DD): _____ Gender: Male Female
Religion: _____ Political Party: _____ Health Status: _____
Present Occupation and Work of Place: _____

CONTACT INFORMATION

Contact Phone Number (1st choice): _____
Contact Phone Number (2nd choice): _____
Contact Email (1st choice): _____
Contact Email (2nd choice): _____

POST ADDRESS

Nation: _____ Company: _____
Address 1st line (Ave./Sr./Rd.): _____
Address 2nd line (Flat/Building/Floor): _____
Post Code: _____ City: _____ Province: _____

EDUCATIONAL BACKGROUND

Medical Qualification: Medical Doctor Acupuncturist Anesthetist
Nurse Medical Student Physiotherapist
Others

Previous Qualifications: _____
Graduate Institution Name: _____

LANGUAGE ABILITY

Language Known to Applicant: _____
Chinese: _____
English: _____

REASON FOR APPLYING

Signature: _____
Date: _____

PLEASE EMAIL THIS APPLICATION FORM WITH YOUR PASSPORT TO iec.summerschool@shutcm.edu.cn