**国际学生个人简历**

# RESUME FOR INTERNATIONAL STUDENTS

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| 护照用名  /Name in Passport | 姓/Family Name | | | 中文名/Chinese Name | | 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 |  |  |
| 最后学历、学位/  Latest Education and Degree | |  | | 现职业/Occupation | |  |
| 现学习或工作单位/  Current Institution or Employer | |  | | | | |
| 永久通讯地址/Permanent Mailing Address:  ………………………………城市/City ……………………….国家/Country ………………….邮编/Zip ………………  电话/Tel: ……………………传真/Fax: ……………………… E-mail: ………………………………………………….. | | | | | | |
| 目前通讯地址/Current address if different from above:  ………………………………城市/City ……………………….国家/Country ………………….邮编/Zip ………………  电话/Tel: ……………………传真/Fax: ……………………… E-mail: ………………………………………………….. | | | | | | |
| **申请人经费来源/Source of Financial Support:**  □团体资助/Organization : 资助团体名称/Sponsor Organization Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □家庭资助/Family:  □个人支付/Individual: | | | | | | |
| **受教育情况/Education Background:**  学校/Institutes 起止时间/ 专业/Fields of Study / 毕业证书及学位证书/  Years attended (from/to) Certificates (to be) obtained| | | | | | |
| **工作经历/Employment Experiences:**  工作单位 起止时间 从事工作 职务及职称  Employer Time (from/to) Work Engaged Posts Held| | | | | | |
| **家庭主要成员/Family members:**  姓名/ Name 与申请人关系/ Relationship to applicant 电话和传真/ Tel. & Fax  1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  4.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  5.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  6.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |