

Application Form for Foreigners Wishing to Study Short Term Course in Shanghai University of Traditional Chinese Medicine

PERSONAL INFORMATION

Name: _____ Nationality: _____ Passport Number: _____
Date of Birth (YYYY/MM/DD): _____ Gender: Male Female

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: _____

COURSE INFORMATION

	Course Number	Course Name	Date to Entry (YYYY/MM/DD)	Comments
1 st Choice				
2 nd Choice				
3 rd Choice				

EDUCATIONAL BACKGROUND

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

Previous Qualifications: _____

Language Known to Applicant:

Chinese: _____

English: _____

French: _____

Signature: _____

Date: _____

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