

PLEASE TYPE OR WRITE WITH PEN

Application Form for Zhejiang Chinese Medical University (ZCMU)

Full Name (Same as in Passport):

Family Name _____.

Given Name _____.

Date of Birth: ____/Year ____/Month ____/Day

Place of Birth. _____ Nationality _____.

Sex ___ Marital Status _____ Health Status _____.

Passport No. _____ Religion _____.

Language(s) Known to Applicant _____.

Present Occupation & Postal Address of Working or Studying Place _____.

Tel. No. _____ E-mail (Capitalized) _____.

Highest Academic Degree Obtained _____.

Employment Record _____.

Field of study in China: _____.

Estimated Duration of Study : from ____ year ____ month to ____ year ____ month

Estimated Arrival Time in Hangzhou : ____ year ____ month ____ day

I hereby affirm that:

(1) The information in this form is true and correct.

(2) I shall abide by the laws of the Chinese Government and the regulations of my school.

Date of Application _____.

Signature _____.

Contact Texas College of Traditional Chinese Medicine:

ZCMU Dual Degree Program

Tel: 512.444.8082 Fax: 512.444.6345

E-mail: info@texastcm.edu

Web site: www.texastcm.edu

Add: 4005 Manchaca Rd, Austin, TX 78704

