



# 北京大学发展中国家公共管理硕士项目研究生申请表

## Application Form of Master Program in Public Policy in Peking University

- 请用英文或中文填写此表/Please complete the form in English or in Chinese.
- 请填好此表后，打印并签上名字和日期/Please fill the form, then print it out and sign on it.

### 1. 基本情况/Personal Information

|                                  |                                   |  |                              |
|----------------------------------|-----------------------------------|--|------------------------------|
| 姓名<br>Name                       | 护照用名<br>Passport Name             | 姓/Family Name:   | 照片<br>Photo                  |
|                                  |                                   | 名/Given Name:  |                              |
|                                  | 中文姓名<br>Chinese Name:             |  |                              |
| 性别/Gender:                       | 国籍/Nationality:                   | 已婚/Married: <input type="checkbox"/> 未婚/Single: <input type="checkbox"/> |                              |
| 护照号码/Passport No.:               |                                   | 有效期至/Valid Until ____年/Yr. ____月/Mon. ____日/Day                          |                              |
| 出生日期<br>Date of Birth:           | ____年 ____月 ____日<br>Yr. Mon. Day | 出生地<br>Place of Birth:   | ____国家____城市<br>Country City |
| 宗教信仰/Religion:                   |                                   | 母语/Native Language:  |                              |
| 目前工作情况/<br>Current<br>Employment | 所在机构/ Employer:                   | 地点/Location:   |                              |
|                                  | 职业/Occupation:                    | 职务/Position:   |                              |
| 电话/Tel:                          | 传真/Fax:                           | 电子邮箱/E-mail:   |                              |
| 永久通信住址 /Permanent Address:       |                                   |  |                              |

### 2. 教育背景/Educational Background(from tertiary education)

#### 2.1 Highest Diploma

|                         |  |                   |  |
|-------------------------|--|-------------------|--|
| Name of School          |  | School Location   |  |
| Major/Subject           |  | Degree Obtained   |  |
| Years Attended(from/to) |  | Teaching Language |  |

#### 2.2 Other Diploma, if applicable

|                         |  |                   |  |
|-------------------------|--|-------------------|--|
| Name of School          |  | School Location   |  |
| Major/Subject           |  | Degree Obtained   |  |
| Years Attended(from/to) |  | Teaching Language |  |

#### 2.3 Other Diploma, if applicable

|                         |  |                   |  |
|-------------------------|--|-------------------|--|
| Name of School          |  | School Location   |  |
| Major/Subject           |  | Degree Obtained   |  |
| Years Attended(from/to) |  | Teaching Language |  |

3. 工作经历/Employment Record

| 所在机构<br>Employer | 起止日期<br>Time (from/to) | 从事工作<br>Work Engaged | 职务<br>Position Held |
|------------------|------------------------|----------------------|---------------------|
|                  |                        |                      |                     |
|                  |                        |                      |                     |
|                  |                        |                      |                     |

4. 语言能力/Language Proficiency

4.1 英语/English: 很好/Excellent  好/Good  较好/Fair  差/Poor  不会/None

4.2 我的英语水平可以用英语学习 /I can be taught in English: 是/Yes  否/No

4.3 可提供的证明英文水平的材料: Documents which can show your English level: \_\_\_\_\_

\_\_\_\_\_

5. 亲属情况/Family Members

| 姓名/Name      | 年龄/Age | 职业/ Occupation | 联系电话/Tel | 电子邮箱/E-mail |
|--------------|--------|----------------|----------|-------------|
| 配偶<br>Spouse |        |                |          |             |
| 父亲<br>Father |        |                |          |             |
| 母亲<br>Mother |        |                |          |             |

6. 曾发表的作品和论文/Publications and Thesis

\*\*\*\*\*

◆ 申请人在递送本申请表的同时,请提交以下材料/ **Please submit the following documents with the application form:**

- (1) 照片: 三张本人近期护照照片, 其中一张粘贴于申请表。/Three recent photos of passport size. One photo should be stuck on the application form.
- (2) 最后学历证明 (经公证的复印件) /A formal degree certificate of your highest education (notarized photocopy)
- (3) 学习成绩单(原件或经公证的复印件)/ Academic transcript of your highest education (original or notarized photocopy)
- (4) 个人陈述 (英文) / Personal statement (in English. Please make a detailed statement from the perspectives of your academic background, work/research experience and achievements, research proposal, future career plans and intensions, etc.)
- (5) 个人简历 (英文) / CV (in English)
- (6) 两封推荐信 (英文或中文原件) /Two letters of recommendation(original in English or in Chinese)
- (7) 护照复印件/One photocopy of your passport
- (8) 英语水平考试成绩单复印件 (母语、官方语言和大学授课语言皆非英语的申请人需提供英语水平证明材料, 包括托福或雅思考试成绩; GRE 考试成绩亦可) / Photocopies of English language proficiency test results (For applicants whose native language, official language and instruction media of tertiary education are not English, evidence of English proficiency must be demonstrated by a minimum TOEFL or IELTS test score; a GRE score is desirable but not required.)

注: 上述申请材料需提交英文或中文原件, 或经公证的英文或中文译文。

**The documents provided should be the original documents in English or in Chinese; otherwise notarized translations in English or in Chinese are required.**

无论申请人是否被录取, 上述申请材料恕不退还。

**All the application materials will not be returned whether the applicant is accepted or not.**

◆ 申请人须经中国驻其所在国使馆推荐。

**Only applicants recommended by the Embassy of the People's Republic of China will be considered and admitted.**

◆ 申请人保证/I hereby affirm that

(1) 上述各项中所提供的情况和材料是真实无误的; /All the information and materials I provided above are true and correct;

(2) 在校学习期间遵守中国的法律法规和学校的规章制度, 不从事任何危害中国社会的、与本人来华学习身份不符合的活动。/ I shall abide by Chinese laws, decrees and rules, regulations of university, and will not participate in any activity in China which is deemed to be adverse to the social order of China and are inappropriate to the capacity as a student.

申请人签字/Signature: \_\_\_\_\_ 日期/Date: \_\_\_\_\_

(无申请人签名, 申请无效/ The application is invalid without the applicant's signature.)

## 外国人体格检查记录

### PHYSICAL EXAMINATION RECORD FOR FOREIGNER

|  |  |  |  |                              |               |  |                   |  |  |  |       |  |                 |                     |  |                        |  |                            |  |  |                |  |                       |  |  |  |  |                     |  |   |  |  |  |  |                       |  |       |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|------------------------------|---------------|--|-------------------|--|--|--|-------|--|-----------------|---------------------|--|------------------------|--|----------------------------|--|--|----------------|--|-----------------------|--|--|--|--|---------------------|--|---|--|--|--|--|-----------------------|--|-------|--|--|--|--|--------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 姓名<br>Name   |  | 性别<br>Sex  | <input type="checkbox"/> 男 Male<br><input type="checkbox"/> 女 Female | 出生日期<br>Birth Day-Month-Year |               | 照片<br>(加盖检查<br>单位检查)<br>Photo<br>(Stamped<br>Official Stamp) |                   |  |  |  |       |  |                 |                     |  |                        |  |                            |  |  |                |  |                       |  |  |  |  |                     |  |   |  |  |  |  |                       |  |       |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 现在通讯地址<br>Present mailing address  |  |  |  |                              | 血型            |  |                   |  |  |  |       |  |                 |                     |  |                        |  |                            |  |  |                |  |                       |  |  |  |  |                     |  |   |  |  |  |  |                       |  |       |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 国籍或地区<br>National<br>(or Area)   |  | 出生地址<br>Birth Place                                      |  |                              | Blood<br>Type |  |                   |  |  |  |       |  |                 |                     |  |                        |  |                            |  |  |                |  |                       |  |  |  |  |                     |  |   |  |  |  |  |                       |  |       |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 过去是否患有下列疾：（每项后面请回答“是”或“否”）<br>Have you ever had any of the following diseases?<br>(Each item must be answered "Yes" or "No")   |  |  |  |                              |               |  |                   |  |  |  |       |  |                 |                     |  |                        |  |                            |  |  |                |  |                       |  |  |  |  |                     |  |   |  |  |  |  |                       |  |       |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <table style="width: 100%; border: none;"> <tr> <td style="width: 20%;">班疹伤寒 Typhus fever</td> <td style="width: 10%;"><input type="checkbox"/>No <input type="checkbox"/>Yes</td> <td style="width: 20%;">菌 病 Bacillary diseases</td> <td style="width: 10%;"><input type="checkbox"/>No <input type="checkbox"/>Yes</td> <td colspan="3"></td> </tr> <tr> <td>小儿麻痹症 Poliomyelitis</td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> <td>布氏杆菌病 Brucellosis</td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> <td colspan="3"></td> </tr> <tr> <td>白 喉 Diphtheria</td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> <td>病毒性肝炎 Viral hepatitis</td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> <td colspan="3"></td> </tr> <tr> <td>猩 红 热 Scarlet fever</td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> <td>产褥期链球 Puerperal streptococcus infection</td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> <td colspan="3"></td> </tr> <tr> <td>回 归 热 Relapsing fever</td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> <td>菌 感 染</td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> <td colspan="3"></td> </tr> <tr> <td>伤寒和付伤寒 Typhoid and paratyphoid fever</td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> <td colspan="5"></td> </tr> <tr> <td>流行性脑脊髓膜炎 Epidemic cerebrospinal meningitis</td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> <td colspan="5"></td> </tr> </table> |  |  |  |                              |               |  | 班疹伤寒 Typhus fever | <input type="checkbox"/> No <input type="checkbox"/> Yes | 菌 病 Bacillary diseases                                   | <input type="checkbox"/> No <input type="checkbox"/> Yes |       |  |                 | 小儿麻痹症 Poliomyelitis | <input type="checkbox"/> No <input type="checkbox"/> Yes | 布氏杆菌病 Brucellosis      | <input type="checkbox"/> No <input type="checkbox"/> Yes |                            |  |  | 白 喉 Diphtheria | <input type="checkbox"/> No <input type="checkbox"/> Yes | 病毒性肝炎 Viral hepatitis | <input type="checkbox"/> No <input type="checkbox"/> Yes |  |  |  | 猩 红 热 Scarlet fever | <input type="checkbox"/> No <input type="checkbox"/> Yes | 产褥期链球 Puerperal streptococcus infection | <input type="checkbox"/> No <input type="checkbox"/> Yes |  |  |  | 回 归 热 Relapsing fever | <input type="checkbox"/> No <input type="checkbox"/> Yes | 菌 感 染 | <input type="checkbox"/> No <input type="checkbox"/> Yes |  |  |  | 伤寒和付伤寒 Typhoid and paratyphoid fever | <input type="checkbox"/> No <input type="checkbox"/> Yes |  |  |  |  |  | 流行性脑脊髓膜炎 Epidemic cerebrospinal meningitis | <input type="checkbox"/> No <input type="checkbox"/> Yes |  |  |  |  |  |
| 班疹伤寒 Typhus fever  | <input type="checkbox"/> No <input type="checkbox"/> Yes | 菌 病 Bacillary diseases                                   | <input type="checkbox"/> No <input type="checkbox"/> Yes             |                              |               |  |                   |  |  |  |       |  |                 |                     |  |                        |  |                            |  |  |                |  |                       |  |  |  |  |                     |  |   |  |  |  |  |                       |  |       |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 小儿麻痹症 Poliomyelitis  | <input type="checkbox"/> No <input type="checkbox"/> Yes | 布氏杆菌病 Brucellosis  | <input type="checkbox"/> No <input type="checkbox"/> Yes             |                              |               |  |                   |  |  |  |       |  |                 |                     |  |                        |  |                            |  |  |                |  |                       |  |  |  |  |                     |  |   |  |  |  |  |                       |  |       |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 白 喉 Diphtheria   | <input type="checkbox"/> No <input type="checkbox"/> Yes | 病毒性肝炎 Viral hepatitis                                    | <input type="checkbox"/> No <input type="checkbox"/> Yes             |                              |               |  |                   |  |  |  |       |  |                 |                     |  |                        |  |                            |  |  |                |  |                       |  |  |  |  |                     |  |   |  |  |  |  |                       |  |       |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 猩 红 热 Scarlet fever  | <input type="checkbox"/> No <input type="checkbox"/> Yes | 产褥期链球 Puerperal streptococcus infection                  | <input type="checkbox"/> No <input type="checkbox"/> Yes             |                              |               |  |                   |  |  |  |       |  |                 |                     |  |                        |  |                            |  |  |                |  |                       |  |  |  |  |                     |  |   |  |  |  |  |                       |  |       |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 回 归 热 Relapsing fever  | <input type="checkbox"/> No <input type="checkbox"/> Yes | 菌 感 染  | <input type="checkbox"/> No <input type="checkbox"/> Yes             |                              |               |  |                   |  |  |  |       |  |                 |                     |  |                        |  |                            |  |  |                |  |                       |  |  |  |  |                     |  |   |  |  |  |  |                       |  |       |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 伤寒和付伤寒 Typhoid and paratyphoid fever   | <input type="checkbox"/> No <input type="checkbox"/> Yes |  |  |                              |               |  |                   |  |  |  |       |  |                 |                     |  |                        |  |                            |  |  |                |  |                       |  |  |  |  |                     |  |   |  |  |  |  |                       |  |       |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 流行性脑脊髓膜炎 Epidemic cerebrospinal meningitis   | <input type="checkbox"/> No <input type="checkbox"/> Yes |  |  |                              |               |  |                   |  |  |  |       |  |                 |                     |  |                        |  |                            |  |  |                |  |                       |  |  |  |  |                     |  |   |  |  |  |  |                       |  |       |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 是否患有下列危及公共秩序和安全的疾病：（每项后面请回答“是”或“否”）<br>Do you have any of the following diseases or disorders endangering the public order and security?<br>(Each item must be answered "Yes" or "No")   |  |  |  |                              |               |  |                   |  |  |  |       |  |                 |                     |  |                        |  |                            |  |  |                |  |                       |  |  |  |  |                     |  |   |  |  |  |  |                       |  |       |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <table style="width: 100%; border: none;"> <tr> <td style="width: 20%;">毒物瘾 Toxicomania</td> <td style="width: 60%;">-----</td> <td style="width: 20%;"><input type="checkbox"/>No <input type="checkbox"/>Yes</td> </tr> <tr> <td>精神错乱 Mental confusion</td> <td>-----</td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> </tr> <tr> <td rowspan="3">精神病 Psychosis :</td> <td>躁狂型 Manic Psychosis</td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> </tr> <tr> <td>妄想型 Paranoid Psychosis</td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> </tr> <tr> <td>幻觉型 Hullucinator Psychosis</td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> </tr> </table>   |  |  |  |                              |               |  | 毒物瘾 Toxicomania   | -----  | <input type="checkbox"/> No <input type="checkbox"/> Yes | 精神错乱 Mental confusion                                    | ----- | <input type="checkbox"/> No <input type="checkbox"/> Yes | 精神病 Psychosis : | 躁狂型 Manic Psychosis | <input type="checkbox"/> No <input type="checkbox"/> Yes | 妄想型 Paranoid Psychosis | <input type="checkbox"/> No <input type="checkbox"/> Yes | 幻觉型 Hullucinator Psychosis | <input type="checkbox"/> No <input type="checkbox"/> Yes |  |                |  |                       |  |  |  |  |                     |  |   |  |  |  |  |                       |  |       |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 毒物瘾 Toxicomania  | -----  | <input type="checkbox"/> No <input type="checkbox"/> Yes |  |                              |               |  |                   |  |  |  |       |  |                 |                     |  |                        |  |                            |  |  |                |  |                       |  |  |  |  |                     |  |   |  |  |  |  |                       |  |       |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 精神错乱 Mental confusion  | -----  | <input type="checkbox"/> No <input type="checkbox"/> Yes |  |                              |               |  |                   |  |  |  |       |  |                 |                     |  |                        |  |                            |  |  |                |  |                       |  |  |  |  |                     |  |   |  |  |  |  |                       |  |       |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 精神病 Psychosis :  | 躁狂型 Manic Psychosis                                      | <input type="checkbox"/> No <input type="checkbox"/> Yes |  |                              |               |  |                   |  |  |  |       |  |                 |                     |  |                        |  |                            |  |  |                |  |                       |  |  |  |  |                     |  |   |  |  |  |  |                       |  |       |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 妄想型 Paranoid Psychosis                                   | <input type="checkbox"/> No <input type="checkbox"/> Yes |  |                              |               |  |                   |  |  |  |       |  |                 |                     |  |                        |  |                            |  |  |                |  |                       |  |  |  |  |                     |  |   |  |  |  |  |                       |  |       |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 幻觉型 Hullucinator Psychosis                               | <input type="checkbox"/> No <input type="checkbox"/> Yes |  |                              |               |  |                   |  |  |  |       |  |                 |                     |  |                        |  |                            |  |  |                |  |                       |  |  |  |  |                     |  |   |  |  |  |  |                       |  |       |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 身高<br>Height   | 厘米<br>CM   | 体重<br>Weight   | 公斤<br>Kg   | 血压<br>Blood pressure         | 毫米汞柱<br>mmHg  |  |                   |  |  |  |       |  |                 |                     |  |                        |  |                            |  |  |                |  |                       |  |  |  |  |                     |  |   |  |  |  |  |                       |  |       |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 发育情况<br>Development  |  | 营养情况<br>Nourishment                                      |  | 颈部<br>Neck                   |               |  |                   |  |  |  |       |  |                 |                     |  |                        |  |                            |  |  |                |  |                       |  |  |  |  |                     |  |   |  |  |  |  |                       |  |       |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 视力<br>Vision   |  | 矫正视力<br>Corrected vision                                 |  | 眼<br>Eyes                    |               |  |                   |  |  |  |       |  |                 |                     |  |                        |  |                            |  |  |                |  |                       |  |  |  |  |                     |  |   |  |  |  |  |                       |  |       |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 辨色力<br>Colour sense  |  | 皮肤<br>Skin   |  | 淋巴结<br>Lymph nodes           |               |  |                   |  |  |  |       |  |                 |                     |  |                        |  |                            |  |  |                |  |                       |  |  |  |  |                     |  |   |  |  |  |  |                       |  |       |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 耳朵<br>Ears   |  | 鼻<br>Nose  |  | 扁桃体<br>Tonsils               |               |  |                   |  |  |  |       |  |                 |                     |  |                        |  |                            |  |  |                |  |                       |  |  |  |  |                     |  |   |  |  |  |  |                       |  |       |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 心<br>Heart   |  | 肺<br>Lungs   |  | 腹部<br>Abdomen                |               |  |                   |  |  |  |       |  |                 |                     |  |                        |  |                            |  |  |                |  |                       |  |  |  |  |                     |  |   |  |  |  |  |                       |  |       |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |                       |                   |                          |                        |  |            |                     |                  |                       |           |          |            |               |
|--|-----------------------|-------------------|--------------------------|------------------------|--|------------|---------------------|------------------|-----------------------|-----------|----------|------------|---------------|
| 脊柱<br>Spine  |                       | 四肢<br>Extremities |                          | 神经系统<br>Nervous system |  |            |                     |                  |                       |           |          |            |               |
| 其他所见<br>Other abnormal findings  |                       |                   |                          |                        |  |            |                     |                  |                       |           |          |            |               |
| 胸部 X 线<br>检查结果<br>(附检查报告单)<br>Chest X---ray<br>Exam<br>(attached<br>chest X ---ray report)   |                       | 心电图<br>ECC        |                          |                        |  |            |                     |                  |                       |           |          |            |               |
| 化验室检查<br>(包括爱滋病、梅毒<br>等血清检查)<br>Laboratory exam<br>(Attached test<br>report of AIDS,<br>Syphilis etc)  |                       |                   |                          |                        |  |            |                     |                  |                       |           |          |            |               |
| <p>未发现患有下列检查传染病和危害公共健康的疾病：<br/>None of the following diseases of disorders found during the present examination.</p> <table border="0"> <tr> <td>霍乱 Cholera</td> <td>性病 Venereal Disease</td> </tr> <tr> <td>黄热病 Yellow fever</td> <td>肺结核 Lung tuberculosis</td> </tr> <tr> <td>鼠疫 Plague</td> <td>爱滋病 AIDS</td> </tr> <tr> <td>麻风 Leprosy</td> <td>精神病 Psychosis</td> </tr> </table> |                       |                   |                          |                        |  | 霍乱 Cholera | 性病 Venereal Disease | 黄热病 Yellow fever | 肺结核 Lung tuberculosis | 鼠疫 Plague | 爱滋病 AIDS | 麻风 Leprosy | 精神病 Psychosis |
| 霍乱 Cholera   | 性病 Venereal Disease   |                   |                          |                        |  |            |                     |                  |                       |           |          |            |               |
| 黄热病 Yellow fever   | 肺结核 Lung tuberculosis |                   |                          |                        |  |            |                     |                  |                       |           |          |            |               |
| 鼠疫 Plague  | 爱滋病 AIDS              |                   |                          |                        |  |            |                     |                  |                       |           |          |            |               |
| 麻风 Leprosy   | 精神病 Psychosis         |                   |                          |                        |  |            |                     |                  |                       |           |          |            |               |
| 意见<br>Suggestion   |                       |                   | 检查单位盖章<br>Official Stamp |                        |  |            |                     |                  |                       |           |          |            |               |
| 医师签字<br>Signature of Physician   |                       |                   | 日期<br>Date               |                        |  |            |                     |                  |                       |           |          |            |               |