



江 南 大 学  
校 际 交 换 学 生 学 习 申 请 表

JIANGNAN University

Application Form for Incoming Exchange Students

所在学校/Home University:

申请日期/Date (mm/dd/yyyy):

申请人/Applicant's Name:

(Please write your family name in capitals)

国际交流合作处（港澳台办公室）

江南大学

International Office (Office of Hong Kong Macau & Tai Wan Affairs)

JIANGNAN University

请在申请时提供下列完整的材料

Please send this application in a completed package containing all the following documents.

### 申请材料清单/Check List

1	申请表/Application Form
2	学习计划/Study Plan Form (无格式要求, no format)
3	成绩单/Transcript of Academic Records
4	在读证明/Certificate of Enrollment
5	2封推荐信/Two Reference Letters by Home University
6	证件照电子版 (JPG 档, 最近 1 年内所拍摄、脱帽、未戴有色眼镜, 照片尺寸为 3.5*4.5 公分、白底彩色照, 且不得修改或使用合成照片) An identification photo(JPG format, Photo size should be 3.5cm*4.5cm, and be taken against a white background)
7	护照复印件 (港澳居民来往内地通行证/台湾居民来往大陆通行证) The copy of Passport (Mainland travel permit for Hong Kong and Macao Residents/Mainland travel permit for Taiwan residents)
8	意外和医疗保险/ Accident and medical insurance (注意事项: 请港澳台学生在来校前购买好相关意外和医疗保险。国际学生须来校后购买。) (Notes: Exchange students from Hong Kong, Macau, Taiwan, international students must purchase insurance before arriving. International students need to purchase it after arrival at the International School of Education)

请注意: 我校仅需电子申请材料。

Notes: Only clearly electronic application documents are required.

### 国际学生签证申请材/For Visa Application

1	资金证明/ Financial Statement
2	无犯罪记录证明/ Non-criminal Record
3	体检报告/Medical Report (仅用于 6 个月以上的学习/required only for exchange students who will study at JU for 6 months or above)

请您将以上申请材料通过贵校交换生事务办公室寄至以下地址:

江南大学国际交流合作处 (港澳台办公室)

江苏省无锡市蠡湖大道 1800 号

邮编: 214122

电话: 0510-85913623 传真: 0510-85913622

邮箱: [guchangyang@jiangnan.edu.cn](mailto:guchangyang@jiangnan.edu.cn)/[liushujiao0605@jiangnan.edu.cn](mailto:liushujiao0605@jiangnan.edu.cn)

This application package should be sent to the following address through the office responsible for student exchange affairs of home university:

International Office/Office of Hong Kong Macau & Tai Wan Affairs

Jiangnan University

No. 1800, Lihu Avenue, Wuxi, Jiangsu 214122

Tel: 0510-85913623 Fax: 0510-85913622

Email: [guchangyang@jiangnan.edu.cn](mailto:guchangyang@jiangnan.edu.cn)/[liushujiao0605@jiangnan.edu.cn](mailto:liushujiao0605@jiangnan.edu.cn)

1. 个人信息/Personal Information				
姓/Family name	名/Given name			
性别/Sex	出生日期（日/月/年）/Date of Birth (day/month/year)			
出生地/Place of birth	国家（地区）/Country (Region)			
证件号/ID. Number	宗教信仰/Religion	联系电话/Phone Number		
个人邮箱/Email	通讯地址/Address			
紧急联络人/Emergency Contact	与申请人关系/Relationship	紧急联系电话/Emergency Phone Number		
紧急联络人邮箱/Emergency Email				
2. 受教育情况/Educational Background				
所在学校/Home University	攻读学位/Degree sought (e.g. Diploma, Bachelor, Master, Doctorate)			
所在年级/Current Academic Year	所修专业/Major			
语言熟练程度/Language Proficiency	很好/Excellent	好/Good	一般/Fair	初级/Beginner
汉语/Chinese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
英语/English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. 交流学习计划/Plan of Study				
交流项目/Student Exchange Program	汉语生/Chinese Learning Program	插班生/Chinese Taught Program	英文授课生/English Taught Program	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
专业或课题/Subject of Study				
交流期限	自 20____年____月至 20____年____月			
Duration of study at JU	From _____, 20____ to _____, 20____			
4. 推荐人信息/Referee				
请提供两位同意推荐你的导师姓名/ Please list the names and departments of two faculty members for your reference letters:				
1				
2				
申请人签名/Applicant's Signature				