

厦门大学医学院中医系

年报名表

Registration Form of TCM Department, Medical College of Xiamen University

姓名 Name	中文 Chinese		性别 Sex		出生年月 Birthday		国籍 Nationality		照片 Photo Copy
	英文 English		职业和单位 Vocation and company						
文化程度 Educational background			报读专业或 科目 Subject or program for registration						
通讯处 Address					居住国 (或地区) country or region				
					电话 Telephone				
					传真 Fax				
					电子信箱 E-mail				

NOTE: The form can be filled in English or Chinese. After filling this form you can mail it to our department with the address published in our website(<http://www.xmutcm.org>). Also you can Fax it to us so we can process it faster.