

## 厦门大学医学院中医系\_\_\_\_\_年报名表

Registration Form of TCM Department, Medical College of Xiamen University

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

注意：本表可以中英文两种语言填写。本表下载打印填写后您可邮寄给本系，也可通过传真发送到我系办公室。

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.