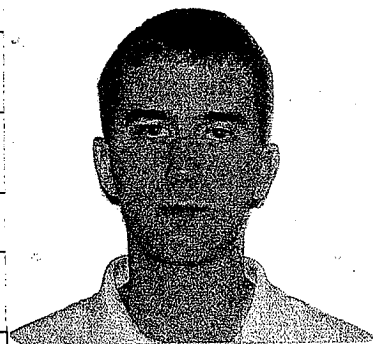


西南大學

外国学生来华学习申请表

APPLICATION FORM TO SOUTHWEST UNIVERSITY

| | | | |
|---|---------------------------------|--|---|
| 姓/Family Name BREEN | | 名/Given Names JARED RICHARD | |
| 国籍/Nationality | 护照号码/Passport No. | 宗教信仰/Religion | |
| AMERICAN | 135456322 | ROMAN CATHOLIC | |
| 性别/Sex MALE | 婚否/Marital Status SINGLE | | |
| 出生日期: 年 月 日 Date of Birth 1987 year 12 month 15 day | | 出生地点: MINNEAPOLIS, MN, U.S.A. Place of Birth | |
| 父亲的姓名/Father's name PAUL BREEN | 职业/Occupation | 职务/Duty | 联系方式/Contact way |
| | MANAGEMENT | | 1-701-371-6721 PBREEN@MEBULLBS.COM |
| 母亲的姓名/Mother's name MICHELLE BREEN | 职业/Occupation | 职务/Duty | 联系方式/Contact way |
| | SALES | | 1-701-356-7700 MBREEN@WAH.MIDCO.NE |
| 通讯地址/Mailing Address 345 SCHNELL DRIVE OXBOW, ND 58047 | | | |
| 最后学历: HIGH SCHOOL DIPLOMA Highest Academic Degree Obtained | | 职业/Occupation STUDENT | |
| 工作或学习单位: COLLEGE OF ST. BENEDICT / ST. JOHN'S UNIVERSITY Employer or School Affiliated | | | |
| 申请学习专业 STUDY ABROAD FOR A SEMESTER Field of study intended | | | |
| 学习类别: <input type="checkbox"/> 本科生 <input type="checkbox"/> 硕士生 <input type="checkbox"/> 博士生 | | | |
| Diploma(s) to be obtained BA, BS MA, MS PH.D | | | |
| <input type="checkbox"/> 汉语进修生 <input type="checkbox"/> 普通进修生 <input type="checkbox"/> 高级进修生 <input checked="" type="checkbox"/> 其它 | | | |
| Training of Chinese language training Advanced training <u>Else</u> | | | |



西南大學

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| 国籍/Nationality | 护照号码/Passport No. | 宗教信仰/Religion | | |
| AMERICAN | 135456322 | ROMAN CATHOLIC | | |
| 性别/Sex MALE | 婚否/Marital Status SINGLE | | | |
| 出生日期: 年 月 日 Date of Birth 1987 year 12 month 15 day | | | 出生地点: MINNEAPOLIS, MN, U.S.A. Place of Birth | |
| 父亲的姓名/Father's name PAUL BREEN | 职业/Occupation | 职务/Duty | 联系方式/Contact way | |
| | MANAGEMENT | | 1-701-371-6721 PBREEN@MEBULLBS.COM | |
| 母亲的姓名/Mother's name MICHELLE BREEN | 职业/Occupation | 职务/Duty | 联系方式/Contact way | |
| | SALES | | 1-701-356-7700 MBBREEN@WAH.MIDCO.NE | |
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| 最后学历: HIGH SCHOOL DIPLOMA Highest Academic Degree Obtained | | 职业/Occupation STUDENT | | |
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| 学习类别: <input type="checkbox"/> 本科生 <input type="checkbox"/> 硕士生 <input type="checkbox"/> 博士生 | | | | |
| Diploma(s) to be obtained BA, BS MA, MS PH.D | | | | |
| <input type="checkbox"/> 汉语进修生 <input type="checkbox"/> 普通进修生 <input type="checkbox"/> 高级进修生 <input checked="" type="checkbox"/> 其它 | | | | |
| Training of Chinese language training Advanced training <u>Else</u> | | | | |

| | | |
|-------------------------|---------------------------------|--|
| 学生来源类别： | 政府奖学金生 <input type="checkbox"/> | 自费生 <input type="checkbox"/> |
| Student's source status | Governmental scholarship | Self-sponsor |
| | 项目交换生 <input type="checkbox"/> | 其他 <input checked="" type="checkbox"/> ST. BENEDICT/ST. JOHN'S |
| | Exchange student | Else SEMESTER IN CHINA |

预计学习期限： 从 年 月 日到 年 月 日
Duration of study you intend to from 2008/Yr 09 /Mon 27 /Date to 2008/Yr 12 /Mon 13 /Date

学习及工作经历/Education background and work experience
UNDERGRADUATE STUDIES AT THE COLLEGE OF ST. BENEDICT/
ST. JOHN'S UNIVERSITY

证明人/Reference NA

会何种语言
Native Language and other language(s) ENGLISH

现有汉语水平
Present level of Chinese 3RD SEMESTER

经费担保人姓名 Office for Education Abroad
Expenses guarantor 37 S. College Ave
College of St. Benedict / St. John's University
地址： St. Joseph, MN 担保人签名：
Guarantor's address 56374 Guarantor's signature

紧急情况下联系人姓名：
Name(s) of person for emergency contact: RICHARD OR JUDI SCHARF

永久地址：
Permanent Address:
2712 27TH STREET SOUTH
FARGO NORTH DAKOTA 电话 /Tel. 701-232-58103 传真/Fax NONE
1426

在华事务担保人/Guarantor in China

SOUTHWEST UNIVERSITY

申请人保证：

- 1、 上述各项中所提的情况是真实无误的；
- 2、 在中国学习期间遵守中国法律和学校的规章制度。

I hereby affirm that:

1. All 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.

申请人签字

Applicant's signature

日期/Date



06-05-08

