

Shanghai University of Traditional Chinese Medicine

Academic Year 2021

Application Form of International Postgraduate Student

Master Degree

Full Name _____

Student Type

Full-time

Part-time

Applying College _____

Applying Major _____

Applying Orientation _____

Applying Mentor _____

Date of Application: YYYY MM DD

()

*

Apply for Shanghai Government Scholarship (Full-time Student Only):	Yes	No
Apply for Degree Stipend of the university (Full-time Student Only):	Yes	No

*These scholarships can be applied simultaneously but will not be obtained by one applicant at the same time.

1

Unless there are special requirements, each column and blank in this form needs to be filled in English or Chinese. Application forms of programs taught in Chinese need to be filled in Chinese, application forms of programs taught in other languages need to be filled in English.

2

Applicants need to fill this form on his or her own with blank or ink-color fountain pen. The content is expected to be detailed and precise and the handwriting must be clear. If there is not enough space for elaboration, an attached additional page is allowed.

3

Applicant may apply for only one major.

4

Both graduates of medicine and non-medicine program need to fill in the column “graduation thesis” on the fifth page truthfully. If you do not have a graduation thesis, please give a clear indication by writing “None”.

5

Please stick one 25*35mm identification photo on the application form.

6

Should there be any mistakes, omission that lead to detrimental outcomes, the applicant shall be responsible for the consequences.

- 1
- 2
- 3
- 4
- 5

Shanghai University of Traditional Chinese Medicine

Master Degree Postgraduate Program Applicants'

Interview Intention Form

Name _____ Phone Number _____

Applying College _____ Applying Major _____

Current Location _____

Time Difference _____ Hours Earlier Later than Beijing Time

Student Type _____ Full-time _____ Part-time _____

Please select the form of interview that are most convenient to you:(Multiple choices are acceptable)

On-site Interview _____

For Telephone Interview, please provide your Area Code _____ Phone Number _____

Skype _____ Wechat _____

For Cyber Interview, please provide your Skype and (or) Wechat Account

下

Please tick in the below form and select two interview time-range that are most convenient for you. (all indicated in Beijing Time)

8:30-11:00		11:00-13:30		13:30-15:30	
8:30-9:00		11:00-11:30		13:30-14:00	
9:00-9:30		11:30-12:00		14:00-14:30	
9:30-10:00		12:00-12:30		14:30-15:00	
10:00-10:30		12:30-13:00		15:00-15:30	
10:30-11:00		13:00-13:30			

“

”

Note: This interview application form only provides a reference. The specific form of interview, interview time of each applicant shall be clearly written on the “interview notice”.

A

RECOMMENDATION FORM

1

To be completed by the applicant.

Name of Applicant : _____ : _____
in Chinese _____ in English : _____

Institute : _____ : _____
in Chinese _____ in English : _____

Program applied : _____ : _____
Full-time Master Part-time Master
Full-time Doctoral Part-time Doctoral

Registered Field: in Chinese _____ in English : _____
: _____ : _____

Research Topic in Chinese _____ in English : _____
: _____ : _____

2

To be completed by the Referee (Who must hold a position as an associate professor or above)

1

Please rate the applicant's abilities in following aspects in comparison with other students you have tutored or other employees you have worked with or supervised

	* Excellent	* Good	* Satisfactory	* Average or below	* Not determined
Intelligence					
Knowledge and Expertise					
Chinese Language Proficiency					
Creativity					
Perseverance					
Ability of Discernment					

* 5% 6%-20%
21%-50% 50%

***Excellent** indicates that the quality of the applicant being evaluated rank top 5% in comparison with other students or colleagues; **Good** indicates a rank of 6%-20%; **Satisfactory** indicates a rank of 21%-50%; **Average or below** indicates the a rank under 50%; **Not determined** indicates no sound information for judgment or not satisfactory.

A

2

2 Please identify: how well you know the applicant; give general comments on the applicant's learning and research capability, professionalism, etc; what you think is the most impressive characteristics of the applicant. Please attach a separate sheet if necessary.

3

Please indicate the strength of your recommendation by a ticking in the appropriate box.

()	()	()	()
I highly recommend the applicant.	I recommend the applicant.	I reserve my views.	I do not recommend.

Referee's Name _____
in Block Letters

Signature _____

Position _____

Date _____

Referee's Contact telephone number. _____

Referee's Email _____

Name of Educational Institute _____

Address of Institute _____

Telephone No. _____

B

RECOMMENDATION FORM

1

To be completed by the applicant.

Name of Applicant : _____ : _____
in Chinese _____ in English : _____

Institute : _____ : _____
in Chinese _____ in English : _____

Program applied : _____ : _____
Full-time Master Part-time Master
Full-time Doctoral Part-time Doctoral

Registered Field: in Chinese _____ in English : _____
: _____ : _____

Research Topic in Chinese _____ in English : _____
: _____ : _____

2

To be completed by the Referee (Who must hold a position as an associate professor or above)

1

Please rate the applicant's abilities in following aspects in comparison with other students you have tutored or other employees you have worked with or supervised

	* Excellent	* Good	* Satisfactory	* Average or below	* Not determined
Intelligence					
Knowledge and Expertise					
Chinese Language Proficiency					
Creativity					
Perseverance					
Ability of Discernment					

* 5% 6%-20%
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B

2

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Please indicate the strength of your recommendation by a ticking in the appropriate box.

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I highly recommend the applicant.	I recommend the applicant.	I reserve my views.	I do not recommend.

Referee's Name _____ Signature _____
in Block Letters

Position _____ Date _____

Referee's Contact telephone number. _____
Referee's Email _____

Name of Educational Institute _____

Address of Institute _____

Telephone No. _____

C

2

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Referee's Name _____ Signature _____
in Block Letters

Position _____ Date _____

Referee's Contact telephone number. _____

Referee's Email _____

Name of Educational Institute _____

Address of Institute _____

Telephone No. _____