Shanghai University of Traditional Chinese Medicine

Academic Year 2021

Application Form of International Postgraduate Student Doctoral Degree

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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.

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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.

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

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Shanghai University of Traditional Chinese Medicine Doctoral Degree Postgraduate Program Applicants'

Interview Intention Form

Name		Phone	e Number
Applying College	Applying Major		
Current Location			
Time Difference	Hours	Earlier	Later than Beijing Time
Student Type	Full-time		Part-time
		Pl	lease select the form of
interview that are most convenient to	you:(Multiple cl	noices are	e acceptable)
On-site Interview			
For Telephone Interview, please provi	ide your Area Co	ode	Phone Number
Skype		Wechat	
For Cyber Interview, please provi	de your Skype a	nd (or) W	echat Account

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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	

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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".

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RECOMMENDATION FORM

1 To be completed by th	e applican	t.				
Name of Applicant i	: n Chinese			 in Engli	:sh :	
Institute	in Chinese			in Engli	ish :	
: Program applied			e Master e Doctoral		Part-time Master Part-time Doctoral	
Registered Field: in C	Chinese _			in English	:	
Research Topic in C	hinese _			in English	:	
To be completed by th 1 Please rate the applicant tutored or other employ	nt s abiliti	es in fo	llowing aspe	cts in compari	-	
	*		*	*	*	*
Intelligence	Exce	ellent	Good	Satisfactory	Average or below	Not determined
Knowledge and Expertise						
Chinese Language Proficies	ncy					
Creativity						
Perseverance						
Ability of Discernn	nent					
*	•	5%)	•	6	%-20%
		21%	6-50%			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.

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2

Telephone No.

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.

riease 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	he applicant.	I reserve n	ny views.	I do not re	commend.	
		-				_	
Referee's Name		Signa	iture			_	
in Block Letters							
Position		Da	te				
D. C	1						
Referee's Contact telephone num							
Referee's Email		_					
Name of Educational Institute							
Name of Educational Institute							
Address of Institute							
Address of Histitute							

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RECOMMENDATION FORM

Name of Applicant	in Chinese			
Institute	in Chinese		in English :	
: Program applied		Full-time Master	Part-time Master	
		Full-time Doctoral	Part-time Doctor	al
	:		:	
Registered Field:	in Chinese		in English:	
	:		: <u> </u>	
Research Topic	in Chinese		in English :	
2				
	y the Referee	(Who must hold a p	osition as an associate professo	or or above)
		ties in following aspe eve worked with or su	cts in comparison with other s pervised	tudents you ha
	*			
	Exc	cellent		

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2

Telephone No.

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I highly recommend the applicant.	I recommend the applicant.	I reserve my views.	I do not recommend.
			
Referee's Name	Signa	iture	
in Block Letters			
Position	Da	te	
Referee's Contact telephone nur	mber.		
Referee's Email			
Name of Educational Institute			<u></u>
Address of Institute			

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RECOMMENDATION FORM

1								
To be completed by the app	plicant.							
Name of Applicant in Chinese			: in English :					
Institute in Chinese			in Engli	sh :				
: Program applied		ne Master ne Doctoral		Part-time Master Part-time Doctoral				
Registered Field: in Chines	se		in English	:				
Research Topic in Chines	se		in English	:				
To be completed by the Rei 1 Please rate the applicant s tutored or other employees y	abilities in fo	ollowing aspe	ects in compari	_				
	*	*	*	*	*			
Intelligence	Excellent	Good	Satisfactory	Average or below	Not determined			
Knowledge and Expertise								
Chinese Language Proficiency								
Creativity								
Perseverance								
Ability of Discernment								
*	59	6		6	5%-20%			
		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.

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Referee's Name		Signa	iture							
in Block Letters										
		- D				_				
Position		₋ Da	te			_				
Referee's Contact telephone nu						_				
Referee's Email										
		_								
Name of Educational Institute										
Address of Institute										
Telephone No.										