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| 河北工业大学-梅西大学  信息科学专业硕士学位教育项目报名表  Application Form for  Collaborative Master Degree Program in Information Science between Hebei University of Technology and Massey University | | | | | | | | | | |
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|
| Part I 个人信息 Personal Information | | | | | | | | | | |
| 姓名/Name | | | | 出生日期/Date of Birth | | | | | | 照片 /Photo 2寸 |
| 性别/Gender | | | | 国籍/Nationality | | | | | |
| 手机 /Mobile Phone | | | | 邮箱 Email | | | | | |
| 身份证号/ID Number | | | | | | | | | |
| 紧急联系人/Emergency Contact | | | | 紧急联系人电话/Emergency Contact Number | | | | | | |
| 现居地址/Contact Address | | | | | | | | | | |
| 已取得的专业证书或技能/Professional Certificates or Skills | | | | | | | | | | |
| 奖惩情况/Rewards and Punishments | | | | | | | | | | |
| Part II 教育经历 Education Experience | | | | | | | | | | |
| 起止年月/  Duration | | 毕业院校/  Graduate School | | | | 专业/  Major | | o全日制 Full time o非全日制 Part time | | |
| 1. |  | | | |  | | | | |  |
| 2. |  | | | |  | | | | |  |
| 3. |  | | | |  | | | | |  |
| Part III 工作经历（选填） Work Experience（Optional） | | | | | | | | | | |
| 起止年月/  Duration | | | 组织机构名称/  Name of Organization | | 岗位/  Position | | | | 工作内容/  Job Description | |
| 1. | | | | | | | | | | |
| 2. | | | | | | | | | | |
| 3. | | | | | | | | | | |
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| Part Ⅳ 英语水平 English Language Level | | | | | | | | | | |
| 测试类型/  English Test | □雅思/IELTS  □托福/TOEFL  □多邻国/ DUOLINGO  □大学英语四级/ CET4  □大学英语六级/ CET6  □其他英语考试/Other English Tests | | | | | | 总分/  Score | | |  |
| Part V 本人声明 Applicant Statement | | | | | | | | | | |
| 我已详细阅读并理解河北工业大学与新西兰梅西大学合作举办信息科学专业硕士学位教育项目招生简章,且同意完全遵守。我承诺以上所填信息真实有效，若填报虚假信息导致不能入读梅西大学硕士项目，一切后果由本人承担。  I have carefully read and understood the enrollment brochure for Collaborative Master Degree Program in Information Science between Hebei University of Technology and Massey University, and agree to abide by it completely. I promise that the information provided above is true and valid. If false information is provided, resulting in my inability to enroll in the Master's Program at Massey University, I will bear all consequences.  申请人（签字）/Applicant (Signature)：  申 请 日 期/Application Date： | | | | | | | | | | |