山东省政府公派出国留学申请书

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| 申请人近照标准一寸、光纸、正面、免冠 |

编 号: □□□□□□□□□□

(由省教育厅统一编写)

受理单位名称：山东省教育厅

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| 1．申请人基本信息 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓名(中文) |  | | | | 姓名(拼音) | | | | 例：Zhang Chenggong | | | | | | | | 性别 | | | | |  | | | | | | 民族 | |  | |
| 出生日期 | XXXX.XX.XX | | | | 身份证号码 | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| 现工作单位 | 滨州医学院(或附院及地址) | | | | | | | | 地址 | | | | | | 山东省烟台市莱山区观海路346号 | | | | | | | | | | | | | | | | |
| 行政职务 |  | | | | 专业技术职务 | | | |  | | | | | | 参加工作时间 | | | | | | | | | | XXXX.XX | | | | | | |
| 最后学历 |  | | | | 毕业时间 | | | | XXXX.XX | | | | | | 获得学位 | | | | | | | | | |  | | | | | | |
| 目前从事专业 | 例：马克思主义中国化研究 | | | | 办公电话 | | | | XXXX-XXXXXXX | | | | | | 移动电话 | | | | | | | | | |  | | | | | | |
| 2．申请留学情况 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 申请留学专业名称 | | |  | | | | | | | | | 所属学科领域 | | | | | | |  | | | | | | | | | | | | |
| 具体研究方向 | | |  | | | | | | | | | 申请留学时间 | | | | | | | □6个月□12个月 | | | | | | | | | | | | |
| 是否属于资助重点 | | | □是□否 | | | | 申请留学国别1 | | | | |  | | | | | | | 申请留学国别2 | | | | | | | | | |  | | |
| 3．外语语种及水平 | | | | | | | | | | | | 外语语种 | | | | | | |  | | | | | | | | | | | | |
| 达标 | | □外语专业本科毕业 | | | | | | | | | | | □WSK考试合格 | | | | | | | | | | | | | | | | | | |
| □近十年内曾在同语种国家留学一学年或连续工作一年以上 | | | | | | | | | | | | | | | | | | | | | | □其它 | | | | | | | |
| 不达标 | | □无WSK考试成绩 | | | | | | □参加WSK考试未达标 | | | | | | | | | | □其它 | | | | | | | | | | | | | |
| WSK考试情况 | | 考试语种 | | | |  | | 考试日期 | | | |  | | 总成绩 | | | | | | | | |  | | | | 听力成绩 | | | |  |
| 其它 | | IELTS成绩 | | | |  | | 考试日期 | | | |  | | GRE成绩 | | | | | | | | |  | | | | 考试日期 | | | |  |
| TOEFL成绩 | | | |  | | 考试日期 | | | |  | | GMAT成绩 | | | | | | | | |  | | | | 考试日期 | | | |  |
| BFT考试成绩 | | | |  | | 考试日期 | | | |  | |  | | | | | | | | | | | | | | | | | |
| 4．接受高等教育和在国内进修情况 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 学校/单位名称 | | | | 时间(自/至) | | | | | | 主修专业/内容 | | | | | | | | | | | 所获学位或证书 | | | | | | | | | | |
| **从大学开始按时间顺序填写** | | | |  | | | | | |  | | | | | | | | | | |  | | | | | | | | | | |
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| 5．如曾在境外学习/工作，请说明境外学习/工作情况 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 国别/地区及所在机构名称 | | | | 时间(自/至) | | | | | | 经费来源 | | | | | | 学习专业 | | | | | | | | | 使用语言 | | | | | | |
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| 6．工作经历（可另附页） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 工作单位 | | | | 时间(自/至) | | | | | | 从事工作 | | | | | | | | | | 技术职务/行政职务 | | | | | | | | | | | |
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| 7．其他说明：是否曾获得下列资助公派出国留学 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 国家留学基金 | | | | | | | | | | | □否 | | | □是次数次时间： 年 | | | | | | | | | | | | | | | | | |
| 山东省政府公派出国留学项目 | | | | | | | | | | | □否 | | | □是次数：次时间：年 | | | | | | | | | | | | | | | | | |
| 山东省优秀中青年骨干教师国际合作培养计划 | | | | | | | | | | | □否 | | | □是次数：次时间：年 | | | | | | | | | | | | | | | | | |
| 外国政府、高校、机构、国际组织、非政府组织等 | | | | | | | | | | | □否 | | | □是次数：次时间：年 | | | | | | | | | | | | | | | | | |
| 8．曾获得过的专利和学术成果、技术成果及获得奖励(请另附获奖证书复印件) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 专利、学术成果、技术成果或科技奖励名称 | | | | | | | | | | | 授予机关或等级 | | | | | | | | | 时间 | | | | | | 本人位次 | | | | | |
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| 9．最近5年出版的主要著作或发表的主要论文 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 著作或论文名称 | | | | | | | | | | 出版社或刊物名称 | | | | | | | | | | 时间 | | | | | | 本人位次 | | | | | |
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| 1. 拟留学专业（研究课题）在国内国外研究情况及水平，所在单位科研工作条件： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11、出国学习/研修目的及计划(600字以上；不得另附页)，主要内容应包括：  a.出国学习/研修目的及预期目标  b.出国学习/研修计划  c.实施本次出国学习/研修计划所需的时间及方法  d.拟选择的留学国别、留学单位及选择原因（应简单评述对方国家及留学单位在申请人所从事学科、专业领域的水平、优势，申请人及所在单位与对方有无合作基础及业务联系。如已有邀请信，可提供复印件）  e.完成国外学习/研修后，回国后工作/学习计划 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. 请结合本人目前从事的工作及掌握的专业技术知识，对达到本次出国学习/研修预期目标的可行性予以简要说明 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

申 请 人 保 证

上述各项中所提供的情况真实无误。如被录取，本人保证遵守山东省政府公派出国留学的各项规定，签订协议，履行有关义务，努力学习，按期学成回国服务。

申请人签字：

日期： 年 月 日