凤凰卫视美洲台海外培训项目

2018暑期报名表（学生）

PhoenixTV USA Practicum Program

Application Form (Student Version)

我们将依据此表为您准备美国签证资料，请务必详细填写（请用正楷字）

We will use the following information to prepare your visa application to the United States. Please fill in the form clearly in both English and Chinese.

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| 姓名（与护照一致） | | | 曾用名(如果有) | | | | | 性别 | | | 年龄 | |
| Name | | | Used name (if any) | | | | | Gender | | | Age | |
| 身份证号  National Identification number | | | | 出生（省市）  Birth place: | | | | 户口所在地（省市）  Household Registration Location | | | | |
| 出生日期 (Date of Birth)  年 月 日 | | | | | | | 入学时间 (Admission time) | | | | | |
| 班级、专业  (Discipline. Major and Year of Study) | | | | | | | 英语水平（等级）  English language proficiency | | | | | |
| 电子邮箱(Email) | | | | | | | 手机号码(Mobile) | | | | | |
| 家庭地址及邮编  Home Address | | | | | | | | 宅电  Home phone | | 费用谁供  Payer | | |
| 护照号码和签发地  (包括省和市)  Passport number &  place of issuance | | | | | 护照签发期  Passport issue period  年 月 日 | | | 护照失效期  Passport expiry date  年 月 日 | | | | |
| 参加本次海外实践学习的目的  Why are you interested in this PhoenixTV U.S. Practicum Program? | | | | | | | | | | | | |
| 家庭直系亲属信息{必填父母（如已去世请填写姓名和出生日期并注明“已故”、兄弟姐妹}  Family Relationship (including parents and siblings. Please note as ‘Deceased” in the address section, if so.) | | | | | | | | | | | | |
| 姓名 (Name) | 关系 (Relationship ) | 出生日期  Date of Birth  （年月日） | | | | 工作单位  (Employer) | | | 住 址 (Address) | | | 手 机(Mobile) |
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| 是否有直系亲属在美国(Whether there are immediate family members in the United States of America)：  是（Y） / 否 (N)  在美身份（Identity in the U.S.）： 与本人关系（Relationship with myself）： | | | | | | | | | | | | |
| 是否申请过赴美旅游、探亲,商务考察或移民签证 (Have you ever applied for a visa to the United States including travel, business or migration visa?)： 是(Y) / 否(N)  最近一次获美签日期(The latest visa information)： 年 月 日  在 领区获得 类型签证 签证号码 （签证页右下角红色数字）  Place where visa was issued: ------------------ Visa Type: ------------------- Visa Number: --------------------- | | | | | | | | | | | | |
| 是否去过美国： 是(Y) / 否(N) Have you ever been to the U.S.?  赴美时间和回国时间Details of Last Visit(s)： 年 月 日至 年 月 日 | | | | | | | | | | | | |
| 是否曾被美国拒签(Have you ever been refused a visa to United States?)： 是(Y) / 否(N)  最后一次拒签时间(The visa refusal details)： 年 月 日 在 领区被拒 类型签证 | | | | | | | | | | | | |
| 请列出你十年内去过的国家和时间记录:  Please list the countries and time period you have visited in the past ten years : | | | | | | | | | | | | |
| 健康状况 (physical condition)：  □很好（very good） □好（ good）□一般（general） | | | | | | | 你是否长期服用处方药品？  (Do you take long-term prescription drugs?)  如有请列出:   □是(Y)     □否(N) | | | | | |
| 你有没有过敏症？如有请列出(Do you have any allergies? If yes please list)   □有(Y)    □无(N) | | | | | | | | | | | | |
| 你是否有其他慢性疾病（如心脏病、肝病、呼吸道疾病、传染病等）？如有请列出Do you have other chronic diseases (such as heart disease, liver disease, respiratory diseases, infectious diseases, etc.)? If yes, please list. 。   □有(Y)    □无(N) | | | | | | | | | | | | |
| 什么样的活动不能参加（如游泳等）  What kind of activities you are not able to participate (such as swimming, etc.) | | | | | | | | | | | | |
| 本人承诺，以上所填资料全部属实。  I promise that the above information is true 签名(signature)： 日期(Date): | | | | | | | | | | | | |

备注：请认真完整填写以上表格，如某项情况不存在，请填写：无。

Remarks: Please fill in the above form with all current and accurate information to the best of your knowledge. If there is anything not applicable, please fill in with “N/A”.