**Application Form of HITWH-ISSLASO**

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| **Personal Information** | | | | | | | | | | | | | |
| \*Name | |  | | \*Sex | |  | | \*Passport Number | | | | <Please provide the copy of passport> | |
| \*Date of Birth | |  | | | | | | \*Nationality | | |  | | |
| \*University | | | |  | | | | | | | | | |
| **Contact Methods**  <Please try to fill in detail, so that we can contact you！> | | | | | | | | | | | | | |
| \*Address |  | | | | | | | | | Postal Code | | |  |
| Cell Phone Number |  | | | | Home Line Number | |  | | | \*Name of Referrer | | |  |
| \*E-mail | |  | | | | | | | | | | | |
| **Education Background** | | | | | | | | | | | | | |
| \*University |  | | | | | | \*School or Department | | |  | | | |
| \*Major | （ ）Year | | | | | | \*Student Type | | | <Undergraduate or Postgraduate> | | | |
| Strong Points or Hobbies | | |  | | | | | | | | | | |
| Food Preference | <Please specify any preference or prohibition on food, such as vegetarian, Muslim, allergy, etc. > | | | | | | | | | | | | |
| **Items with \* are mandatory content, please make sure that all the information real and effective!** | | | | | | | | | **Signature** | | | |  |

Contact E-mail：[isslaso@hitwh.edu.cn](mailto:isslas2016@hitwh.edu.cn)