

2017/2018 Chinese Government Scholarship Application

The 2017/2018 Chinese Government Scholarship is now open for application. Online application and the corresponding application documents should be submitted to application receiving agency no later than April 1st, 2017. For more information, please refer to <http://www.csc.edu.cn/studyinchina>

Eligibility: To be eligible, applicants must

- be a citizen of a country other than the People's Republic of China, and be in good health.
- be a high school graduate under the age of 25 when applying for undergraduate programs;
- be a bachelor's degree holder under the age of 35 when applying for master's programs;
- be a master's degree holder under the age of 40 when applying for doctoral programs;
- be under the age of 45 and have completed at least two years of undergraduate study when applying for general scholar programs;
- be a master's degree holder or an associate professor (or above) under the age of 50 when applying for senior scholar programs.

Application Documents (in duplicate)

- a) Application Form for Chinese Government Scholarship (in Chinese or English)
- b) Notarized highest diploma (photocopy): Prospective diploma winners must submit official proof of student status by their current school. Documents in languages other than Chinese or English must be attached with notarized Chinese or English translations.
- c) Academic transcripts: Transcripts in languages other than Chinese or English must be attached with notarized Chinese or English translations.
- d) A Study Plan or Research Proposal in Chinese or English. (A minimum of 200 words for undergraduates, 500 words for non-degree students, and 800 words for postgraduates.)
- e) Recommendation letters: Applicants for graduate programs or senior scholar programs must submit two letters of recommendation in Chinese or English from professors or associate professors.
- f) Applicants for music studies are requested to submit a CD of their own works. Applicants for fine arts programs must submit a CD of their own works which include two sketches, two color paintings and two other works.
- g) Applicants under the age of 18 should submit the valid documents of their legal guardians in China.
- h) Applicants planning to stay in China for more than 6 months must submit a photocopy of the Foreigner Physical Examination Form completed in English (the original copy should be kept by the applicant. The form designed by the Chinese quarantine authority can be downloaded from <http://www.csc.edu.cn/studyinchina>. The physical examinations must cover all the items listed in the Foreigner Physical Examination Form. Incomplete records or those without the signature of the attending physician, the official stamp of the hospital or a sealed photograph of the applicants are invalid. Please select the appropriate time to take physical examination as the result is valid for only 6 months.
- i) Applicants with Admission Letter from designated universities should enclose the letter in the application package.
- j) Applicants with valid HSK Certificate should enclose it in the application package.

NOTE: The above documents should be bound on top left corner (in duplicate). No application documents will be returned.

发送： 驻希腊使馆

Instructions of the Chinese Government Scholarship Information System

Step 1: Visit <http://www.csc.edu.cn/laihua> or www.campuschina.org and click “*Application Online for International Students*”.

Step 2: Read “*Tips for online application*” carefully before clicking “*NEXT*” to the registration page.

Step 3: Log in with your user name and password. For new user, please click “Create an account” for registration.

Step 4: Fill in the correct **Program Category** and **Agency Number**. An Agency Number represents a specific application receiving agency and a correct choice of Program Category is necessary before filling in the Agency Number. Please make sure you fill it in correctly, otherwise you will not be able to continue your online application or your application will not be accepted.

Your ‘**Program Category**’ is : **Type A** and ‘**Agency Number**’ is: 3001. Once the correct ‘Agency Number’ is entered, the name of the agency will automatically emerge.

Step 5: Fill in the **Online Application Form** and **Upload Supporting Documents** truly, correctly and completely following the steps listed on the left of the page.

Applicants are required to select a discipline before choosing their majors. Please refer to the Disciplines Index, which could be downloaded from Help, if you have any doubt about the disciplines and majors.

Step 6: Check each part of your **Application** carefully before submitting it. Click *Submit* to submit your **Application**.

Step 7: You can make changes to your application by clicking *Withdraw and Edit the Application* on the top of the page. But make sure to submit it again by clicking *Submit* after finishing all the changes. Otherwise, the retrieved application will become invalid and your new application will not be received either.

Step 8: Download the completed **Application Form** by clicking *Print the Application Form* and print two hard copies.

Step 9: Prepare other supporting documents as required and send the full package of application documents (in duplicate) to the dispatching authorities.

- Please use **Firefox** or **Internet Explorer (11.0)**. Menu selection functions may not work in other browsers.
- Only **Chinese** and **English** are accepted for the online application.

外国人体格检查表

FOREIGNER PHYSICAL EXAMINATION FORM

姓名 Name		性别 Sex	<input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female	出生日期 Birthday		照片 (加盖检查单位印章) Photo (Stamped Official Stamp)
现在通讯地址 Present mailing address						
国籍或地区 Nationality (or Area)		出生地 Birth place		血型 Blood type		

过去是否患有下列疾病：(每项后面请回答“否”或“是”)

Have you ever had any of the following diseases?

(Each item must be answered "Yes" or "No")

斑疹 伤寒	Typhus fever	<input type="checkbox"/> No <input type="checkbox"/> Yes	菌 痢	Bacillary dysentery	<input type="checkbox"/> No <input type="checkbox"/> Yes
小儿麻痹症	Poliomyelitis	<input type="checkbox"/> No <input type="checkbox"/> Yes	布氏杆菌病	Brucellosis	<input type="checkbox"/> No <input type="checkbox"/> Yes
白 喉	Diphtheria	<input type="checkbox"/> No <input type="checkbox"/> Yes	病毒性肝炎	Viral hepatitis	<input type="checkbox"/> No <input type="checkbox"/> Yes
猩 红 热	Scarlet fever	<input type="checkbox"/> No <input type="checkbox"/> Yes	产褥期链球	Puerperal streptococcus infection	
回 归 热	Relapsing fever	<input type="checkbox"/> No <input type="checkbox"/> Yes	菌 感 染		<input type="checkbox"/> No <input type="checkbox"/> Yes
伤寒和付伤寒	Typhoid and paratyphoid fever	<input type="checkbox"/> No <input type="checkbox"/> Yes			
流行性脑脊髓膜炎	Epidemic cerebrospinal meningitis	<input type="checkbox"/> No <input type="checkbox"/> Yes			

是否患有下列危及公共秩序和安全的病症：(每项后面请回答“否”或“是”)

Do you have any of the following diseases or disorders endangering the public order and security?

(Each item must be answered "Yes" or "No")

毒物癖	Toxicomania	<input type="checkbox"/> No <input type="checkbox"/> Yes			
精神错乱	Mental confusion	<input type="checkbox"/> No <input type="checkbox"/> Yes			
精神病 Psychosis:	躁狂型 Manic psychosis	<input type="checkbox"/> No <input type="checkbox"/> Yes			
	妄想型 Paranoid psychosis	<input type="checkbox"/> No <input type="checkbox"/> Yes			
	幻觉型 Hallucinatory	<input type="checkbox"/> No <input type="checkbox"/> Yes			

身高 Height	厘米 CM	体重 Weight	公斤 Kg	血压 Blood pressure	毫米汞柱 mmHg
发育情况 Development		营养情况 Nourishment		颈部 Neck	
视力 左 L _____		矫正视力 左 L _____		眼 Eyes	
右 R _____		右 R _____			
辨色力 Colour sense		皮肤 Skin		淋巴结 Lymph nodes	
耳 Ears		鼻 Nose		扁桃体 Tonsils	
心 Heart		肺 Lungs		腹部 Abdomen	

脊柱 Spine		四肢 Extremities		神经系统 Nervous system																	
其他所见 Other abnormal findings																					
胸部 X 线 检查结果 (附检查报告单) Chest X-ray exam (attached chest X-ray report)				心电图 ECC																	
化验室检查 (包括艾滋病、 梅毒等血清学检查) Laboratory exam (attached test report of AIDS, Syphilis etc)																					
<p style="text-align: center;">未发现患有下列检疫传染病和危害公共健康的疾病: None of the following diseases of disorders found during the present examination.</p> <table border="0" style="width: 100%;"> <tr> <td>霍乱</td> <td>Cholera</td> <td>性病</td> <td>Venereal Disease</td> </tr> <tr> <td>黄热病</td> <td>Yellow fever</td> <td>肺结核</td> <td>Lung tuberculosis</td> </tr> <tr> <td>鼠疫</td> <td>Plague</td> <td>艾滋病</td> <td>AIDS</td> </tr> <tr> <td>麻风</td> <td>Leprosy</td> <td>精神病</td> <td>Psychosis</td> </tr> </table>						霍乱	Cholera	性病	Venereal Disease	黄热病	Yellow fever	肺结核	Lung tuberculosis	鼠疫	Plague	艾滋病	AIDS	麻风	Leprosy	精神病	Psychosis
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意见 Suggestion 医师签字 Signature of physician		检查单位盖章 Official Stamp 日期 Date																			