**重庆大学****来华留学学习计划（研究生）**

Study Plan for International Postgraduate Program Applicants

**Chongqing University**

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| **护照姓名**  **Passport Name** |  | | **国籍**  **Nationality** |  | **出生日期**  **Date of Birth** (yyyy/mm/dd) | |  |
| **最高学历**  **Highest Qualification** | | □本科Bachelor degree  □硕士Master's degree  □博士Doctoral degree | | **毕业院校**  **Graduate University** | |  | |
| **申请项目**  **Applying Program** | | □硕士项目Master’s Program  □博士项目Doctoral Program | | **申请专业**  **Applying Major** | |  | |
| **授课语言**  **Instruction Language** | | □中文授课Chinese-instructed  □英文授课English-instructed | | **研究方向**  **Research Direction** | |  | |
| **拟选择导师**  **Proposed Supervisor** | | Applicants are suggested to secure the agreement of a prospective supervisor prior to submitting the application, and provide information of the prospective supervisor below to assist in the smooth process of application review. Supervisors’ information can be found on http://study.cqu.edu.cn/ .  Name: \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ Contact information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| 1. **个人陈述/ Personal Statement（不少于500字）**   （自我介绍，学习或工作背景，来华留学原因，选择重庆大学的原因/Self-introduction, study background or work experience, the reasons of studying in Chongqing University (no less than 500 words) | | | | | | | |
| 1. **已有研究成果/Research Achievements (such as papers, patents, and awards)** | | | | | | | |
| 1. **研究目标及学习具体计划（不少于1000字）/Research Goal and Detailed Study Plan** **(no less than 1,000 words)** | | | | | | | |
| 1. **未来职业规划/** **Future career plans and intensions** | | | | | | | |
| 1. **其他补充说明（如有）/ Other supplementary information (if any)** | | | | | | | |
| **我承诺以上所填信息真实无误，且由我本人填写。如果有任何虚假信息，重庆大学将取消我的申请、录取或注册。**  **I make the commitment that all the information above is true and correct and filled in on my own. If there is any forged information, I understand that Chongqing University will nullify my application, admission or registration.**  申请人签名/Applicant’s Signature：  年 月 日 | | | | | | | |
| **导师意见**（此栏由导师填写）/ **Supervisor’s opinion** (this column shall be filled in by the supervisor) **：**  学习计划是录取审核的重要材料，请导师认真审核申请人上述学习计划及其提供的其他信息或材料，如无异议，请在下方签署意见并签名。    导师签名：  联系方式:  年 月 日 | | | | | | | |