**北京大学陈守仁本科生海外交流基金申请表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1、个人资料 | | | | | | | | | | | | | | | | | | | | | | |
| 姓名 |  | | | | | | | | | 出生日期 | | | | | |  | | | | | | |
| 性别 |  | | | | | | | | | 学号 | | | | | |  | | | | | | |
| 证件号 | | |  | | | | | | | | | | | | | | | | | | | |
| 手机 | | |  | | | | | | | | | | Email | | | | |  | | | | |
| 北京大学通讯地址 | | | | | | | | |  | | | | | | | | | | | | | |
| 家庭居住地址 | | | | | | | | |  | | | | | | | | | | | | | |
| 2、教育状况（请附上院系出具的成绩单原件，盖章有效） | | | | | | | | | | | | | | | | | | | | | | |
| 院系 | |  | | | | | | | | | 专业 | | | |  | | | | | 年级 |  | |
| GPA绩点及排名 | | | | | |  | | | | | | | | | | | | | | | | |
| 双学位GPA绩点 | | | | | |  | | | | | | | | | | | | | | | | |
| 3、家庭经济状况（如家庭经济有特殊困难，可附另页说明） | | | | | | | | | | | | | | | | | | | | | | |
| 是否贫困生 | | | | | | | 是/否 | | | | | | | | | | | | | | | |
| 家庭年收入（元） | | | | | | |  | | | | | | | | | | | | | | | |
| 父母户籍所在地 | | | | | | |  | | | | | | | | | | | | | | | |
| 父母职业  及职位 | | | | 父亲 | | |  | | | | | | | 职业 | | |  | | 职位 | | |  |
| 母亲 | | |  | | | | | | | 职业 | | |  | | 职位 | | |  |
| 4、申请海外交流项目情况 | | | | | | | | | | | | | | | | | | | | | | |
| 项目名称（中文） | | | | |  | | | | | | | | | | | | | | | | | |
| 项目名称（英文） | | | | |  | | | | | | | | | | | | | | | | | |
| 项目所属国家（地区）及学校（中文名称） | | | | | | | | | | | |  | | | | | | | | | | |
| 申请项目起止时间  （例：2016.03.09—2016.03.16） | | | | | | | |  | | | | | | | | | | | | | | |
| 本次交流是否获得其他渠道资助，若已获得或者即将获得其他资助，请填写具体受助金额。 | | | | | | | |  | | | | | | | | | | | | | | |
| 1. 获奖情况 | | | | | | | | | | | | | | | | | | | | | | |
| 1. 学术及校内外活动履历 | | | | | | | | | | | | | | | | | | | | | | |
| 7、交流计划 | | | | | | | | | | | | | | | | | | | | | | |
| 8、本人声明：  我清楚此项交流项目，在交流期间愿意遵守中国外事纪律及当地的法律法规，并对个人行为及安全负责，项目结束后按期返回北大。返校后提交约3000字的交流总结。  申请人签字： 申请日期 年 月 日 | | | | | | | | | | | | | | | | | | | | | | |
| 9、院系审核意见（加盖公章）  院系主管教学院长（主任）签字：  日期： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | |
| 10、评审委员会意见  签字：  日期： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | |