## 重庆医科大学来华留学本科生延期毕业申请表 (WBKYB-v220922)

Application Form for CQMU International Undergraduates to postpone graduation

姓名 English Full name	学号 Student ID No.	入学日期 Enrollment date	中国手机 CN cell phone
		YYYY-MM-DD	+861?????????
电子邮箱 Email	奖学金类别 Scholarship	培养院系 College	专业 Major
	国家奖学金 CSC ( ) 市长奖学金 Mayor Scholarship ( ) 其它或无 Others/none ( )		
办理延毕前毕业月份 Original graduation month	办理延毕后毕业月份 Postponed graduation month	此栏留空	此栏留空
YYYY-MM	YYYY-MM	This cell is intentionally blank	This cell is intentionally blank

申请理由及知情同意申明 Reasons for postponing graduation and Informed Consent Statement	说明 Instruction:  1. 延期毕业期中,一切安全问题由学生本人负责。 You are responsible for all safety issues from your original graduation month to your postponed graduation month.
本人同意并遵守右侧所示说明。 I agree and comply with the instruction shown on the right.	
签字 Signature 日期 Date	
培养院系意见(如培养院系为国际教育学院则留空) Remarks by college (leave this cell blank if your college is CIE)	国际教育学院学办意见 Remarks by Student Affairs Office of CIE
签字和/或公章 Signature and/or stamp 日期 Date	签字和/或公章 Signature and/or stamp 日期 Date
国际教育学院院长意见 Remarks by dean of CIE	
签字和/或公章 Signature and/or stamp 日期 Date	此栏留空 This cell is intentionally blank

备注: 本申请表一式两份(培养院系、国际教育学院备份)。

Notes: There shall be two copies of this form; the college and CIE shall keep one copy each.