

重庆医科大学来华留学研究生延期毕业申请表 (WYJYB-v220922)

Application Form for CQMU International Postgraduates to postpone graduation

姓名 English Full name	学号 Student ID No.	中国手机 CN cell phone	电子邮箱 Email
		+861??????????	
学生类别 Degree type	奖学金类别 Scholarship	培养院系 College	专业 Major
专业学位硕士 Professional Master () 学术学位硕士 Academic Master () 专业学位博士 Professional Doctor () 学术学位博士 Academic Doctor ()	国家奖学金 CSC () 市长奖学金 Mayor Scholarship () 其它或无 Others/none ()		
入学日期 Enrollment date	导师 Name of supervisor	办理延毕前毕业月份 Original graduation month	办理延毕后毕业月份 Postponed graduation month
YYYY-MM-DD		YYYY-MM	YYYY-MM

申请理由及知情同意申明 Reasons for postponing graduation and Informed Consent Statement 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	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.
导师意见 Remarks by supervisor 签字 Signature 日期 Date	培养院系意见 Remarks by college 签字和/或公章 Signature and/or stamp 日期 Date
研究生院意见 Remarks by Graduate School 签字和/或公章 Signature and/or stamp 日期 Date	国际教育学院意见 Remarks by CIE 签字和/或公章 Signature and/or stamp 日期 Date

备注: 本申请表一式三份 (培养院系、研究生院、国际教育学院备份)。

Notes: There shall be three copies of this form; the college, the Graduate school and CIE shall keep one copy each.