重庆医科大学来华留学研究生退学申请表(WYJTX-v220922)

培养院系 College

姓名 English Full name

Form for International Postgraduates to Apply for Permanent Withdrawal from CQMU

专业 Major

电子邮箱 Email

学生类别 Degree type		奖学金类别 Scholarship	
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 ()	
学号 Student ID No.	入学日期 Enrollment date	中国手机 CN cell phone	导师 Name of supervisor
	YYYY-MM-DD	+861????????	
退学事由(可另附相关文件)及知情同意申明 Reasons for permanent withdrawal (supporting documentation may be attached) and Informed Consent Statement		 说明 Instructions: 退学的研究生,不得申请复学。 Permanently withdrawn postgraduates shall not apply for resuming study. 退学手续办理期间,一切安全问题由学生本人负责。 You are responsible for all safety issues during the withdrawal process. 	
本人同意并遵守右侧所示说明。 I agree and comply with the instructions shown on the right. 签字 Signature 日期 Date			
导师意见 Remarks by supervisor		培养院系意见 Remarks by college	
签字 Signature	日期 Date	签字和/或公章 Signature and/o	or stamp 日期 Date
研究生院意见 Remarks by Graduate School		国际教育学院意见 Remarks by CIE	
签字和/或公章 Signature and/o	or stamp 日期 Date	签字和/或公章 Signature and/or stamp 日期 Date	
主管校领导意见 Remarks by CQMU administration 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.