

重庆医科大学来华留学研究生休学申请表（WYJXX-v220922）

Application Form for CQMU International Postgraduates to suspend study

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	此栏留空	此栏留空
YYYY-MM-DD		This cell is intentionally blank	This cell is intentionally blank

<p>休学事由(因病休学需附医院诊断书, 其它相关文件可另附)及知情同意申明 Reasons for suspending study (medical certificate must be attached if your reason is illness, other supporting documentation may be attached) and Informed Consent Statement</p> <p>本人同意并遵守右侧所示说明。 I agree and comply with the instructions shown on the right.</p> <p>签字 Signature 日期 Date</p>	<p>说明 Instructions:</p> <ol style="list-style-type: none"> 休学办理期及休学中, 一切安全问题由学生本人负责。 You are responsible for all safety issues during the suspension process and suspension period. 休学期将满待复学研究生需提前一月提交复学申请。 You must submit the form of resuming study (WYJFX) one month prior to your expected date of resumption.
<p>导师意见 Remarks by supervisor</p> <p>签字 Signature 日期 Date</p>	<p>培养院系意见 Remarks by college</p> <p>签字和/或公章 Signature and/or stamp 日期 Date</p>
<p>研究生院意见 Remarks by Graduate School</p> <p>签字和/或公章 Signature and/or stamp 日期 Date</p>	<p>国际教育学院意见 Remarks by CIE</p> <p>签字和/或公章 Signature and/or stamp 日期 Date</p>

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.