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| 重庆医科大学国际教育学院院长接待申请表（YZJDW-v221201） | | | | | | |
| Application Form for Appointment with Dean of CIE, CQMU | | | | | | |
| **姓名 English Full name** | **电子邮箱 Email** | | **中国手机 CN cell phone** | | **微信ID WeChat ID** | |
|  |  | | +861?????????? | |  | |
| **学号 Student ID No.** | **学生类别 Degree type** | | **培养院系 College** | | **专业 Major** | |
|  | 本科生 Bachelor（　）  硕士生 Master（　）  博士生 Doctor（　） | |  | |  | |
| **预约日期 Expected appointment date** | **预计时长 Estimated minutes to take** | | **沟通语言 Preferred language** | | **此栏留空** | |
| YYYY-MM-DD |  | | 中文 Chinese（　）  英语 English（　） | | This cell is intentionally blank | |
| **无课时间 Out-of-class time** | | **周一 Mon.** | **周二 Tues.** | **周三 Wed.** | **周四 Thur.** | **周五 Fri.** |
| **09:30-11:30** | |  |  |  |  |  |
| **15:00-17:00** | |  |  |  |  |  |

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| **沟通话题 Issues you want to discuss** | **备注 Notes** |

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| 回执 Receipt | | | |
| **日期 Appointment date** | **时间 Start time** | **地点 Appointment Place** | **备注 Notes** |
|  |  |  |  |