**外国留学生学籍异动（复学）申请表**

**Application Form of International Students Status Change**

**(Resumption)**

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| --- | --- | --- | --- | --- | --- |
| 中文姓名  Chinese Name |  | 英文姓名  English Name |  | 性别  Gender |  |
| 学生类别  Category |  | 学号  Student ID |  | 导师  Supervisor |  |
| 所在院系  School or Department |  | | 所学专业  Major |  | |
| 休学起始日期  Date of Suspension |  | | 申请复学日期  Date of Resumption |  | |
| 复学理由  Reasons | 学生本人签字：  Signature of the applicant Y M D | | | | |
| 院（系）意见Opinion by School or Department | 导师签字：  Signature by Supervisor  教学院长（主任）签字：  Signature by Dean of Educational Affairs Y M D | | | | |
| 国际学院审批意见Decision by International School | 根据国家留学基金委意见  批准复学： 年 月  主管院长签字：  Signature by Vice Dean of Scholarship Affairs | | | | |
| 备注  Remarks | 病愈复学应附医院证明  Medical certificates is required to submit for health reasons.  本表适用于留学研究生。  The Form is applicable to international postgraduates. | | | | |