**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. |