重庆医科大学来华留学研究生复学申请表（WYJFX-v220922）

Application Form for CQMU International Postgraduates to resume study

English Full name	Student ID No.	CN cell phone	Email
		+861??????????	
Degree type	**Scholarship**	**College**	**Major**
Professional Master Academic Master Professional Doctor Academic Doctor	CSC Mayor Scholarship Others/none		
Enrollment date	**Name of supervisor**		
YYYY-MM-DD		This cell is intentionally blank	This cell is intentionally blank

Detailed reasons for resuming study (supporting documentation may be attached) Signature Date	Remarks by the hospital (leave this cell blank if you didn't suspend your study due to illness) Signature Date
Remarks by supervisor Signature Date	Remarks by college / Signature and/or stamp Date
Remarks by Graduate School / Signature and/or stamp Date	Remarks by CIE / Signature and/or stamp Date

Notes: There shall be three copies of this form; the college, the Graduate school and CIE shall keep one copy each.