重庆医科大学来华留学研究生休学申请表（：<-;；Y　　）

$SSOLFDWLRQ)RUP IRU&4 0 8 ,QWHUQDWLRQDO3RVWJUDGXDWH6WXGHQW6XVSHQGV6WXG\

=（QJOLVK）XOOQDPH	–' 6WXGHQW'1R	]-{j &1 FHOOSKRQH	+e€FHl á（PDLO
		+861??????????	
–+O2«['HJUHHWSH	†–H 2«[6FKRROLWKLS	)«L'3+ &RQWHJH	CJ 0DWRU
CJ –}…. Professional Master Ä Å –_–}…. Academic Master Ä Å CJ –}Š Professional Doctor Ä Å –_–}Š Academic Doctor Ä Å	-æ†–H CSC Ä Å 2K¯†–H Mayor Scholarship Ä Å ¦³F Others/none Ä Å		
•– O（QUROPHQWGDWH	,8 1DPHRI VXSHUYLVRU	!"?+%Q[a]	!"?+%Q[a]
YYYY-MM-DD		This cell is intentionally blank	This cell is intentionally blank

A–»+aÄ +õA–M0Lt kL'AúÝ–È¦³-(£· & Lt Å ú. õ<?+c> Reasons for suspending study (medical certificate must be attached if your reason is illness, other supporting documentation may be attached) and Informed Consent Statement \ê<?¦F¥¸#×p/j B$>Ä ,DJUHHDQGFRP S0ZLWKWHLQWUXFWRQVKRZQRQWHULJKW 1®‡ Signature O Date	B$> Instructions Ö 1. A–Î*6 Oú A–]È07¹˜L NÈ+a–+O\ êCCSÄ You are responsible for all safety issues during the suspension process and suspension period. 2. A–O6%µ=–.D0¦+OM0 }08 Ô=–+cB'Ä You must submit the form of resuming study (WYJFX) one month prior to your expected date of resumption.
,8??ñ Remarks by supervisor 1®‡ Signature O Date	)«L'3+??ñ Remarks by college 1®‡ ¼F œ1 Signature and/or stamp O Date
.D0¦+OL'??ñ Remarks by Graduate School 1®‡ ¼F œ1 Signature and/or stamp O Date	-Lu%6â–L'??ñ Remarks by CIE 1®‡ ¼F œ1 Signature and/or stamp O Date

7# Ö\+cB'>˜0?9-Ä)«L'3+Ã.D0¦+OL'Ã-Lu%6â–L'7-ÅÄ

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