国际学生导师同意指导函

**Acceptance Letter for International Student**

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| 申请人信息 **Applicant Information** |

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|  护照姓名 **Passport Name**  |

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|  护照号码 **Passport No.**  |

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|  申请类别 **Program Applied**  |

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|  申请专业 **Major Applied**  |

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| **□**研究生**Master** **□**博士生 **PhD**  |

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|  意向导师信息 **Supervisor Information**  |

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| 姓名 **Name** |

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| 电子邮箱 **Email Address** |

 | 联系电话**Telephone Number** |
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| 所在院系**College** | 所在科室**Department** | 职称、职务**Occupation** |
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|  若该生能够被中国医科大学正式录取，我愿意作为该生的（□硕士生□博士生）导师，对其在中国医科大学期间的学业进行指导。 If the student officially enrolls in China Medical University, I am happy to be his/her（□Master □PhD）supervisor. 导师签字/ Signature：  |

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|  年/Year 月/Month 日/Day  |

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