**四川农业大学国际学生休学/复学申请表**

**Application for Suspension / Resumption of International Student**

**Sichuan Agricultural University**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 学号  Student No. |  | | 姓名  Name |  | | 入学时间  Enrollment Time | |  | |
| 国籍  Nationality |  | | 性别  Gender |  | | 护照号码  Passport No. | |  | |
| 学院名称  College |  | | 专业名称  Major |  | | 联系电话  Contacts | |  | |
| 签证种类  Visa Type |  | | 签证有效期  Visa Expiration Date | | |  | | | |
| 学籍变动情况  （在相应括号划X）  Details of Status Change  (tick X at the bracket) | | | 休学 Suspension （ ）  复学 Resumption （ ）  休学期限Suspension Period从From:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_至to:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| 学籍变动原因Reasons of Enrollment Status Change:  学生签名Student Signature：  日期Date： | | | | | | 导师/班主任意见 Opinion of Supervisor/ Head Teacher  签名Signature：  日期Date： | | | |
| 所在学院意见Opinion of College  签名Signature：  日期Date：  （盖章）Seal | | | | | | 校医院意见 Opinion of School Hospital  签名Signature：  日期Date：  （（盖章）Seal | | | |
| 研究生院/教务处意见Opinions of Graduate School/ Office of Academic Affairs:  签名Signature：  日期Date：  （盖章）Seal | | | | 国际交流合作处意见Opinion of International Office of Exchange and Cooperation  签名Signature：  日期Date：  （盖章）Seal | | | | |

**填表说明： （1）本表应附学生本人申请有关证明，如：校医院诊断书、服兵役通知书等；**

**（2）休学申请获得批准后须在指定时间内及时办理复学手续。**

**Statements: (1) Related certificates, such as medical certificate, military notice, etc, need to be attached to this application;**

**(2) Students approved to suspend are required to apply for resumption before the designated time.**