Application for Off-campus Accommodation

To:		
West China School of Medicine		
Sichuan University		
I,, hereby		
campus / to live off campus). I fully understand th	•	
to personal safety and personal property safety	v. I hereby declare that I tal	ke full responsibility for all the
consequences of living off campus.		
I hereby promise that I shall strictly follow Chin	nese laws and regulations so	thool rules hospital assessment
standards and attendance discipline. I'm supposed		
остана в при стори	to do d good job or personal c	
My parents and my family are fully aware and allow	wed me to live off campus.	
I will strictly abide by the management require	ments of foreigners' accomm	nodation registration, and I will
submit my accommodation registration form to th		
of Medicine once I finish the registration at the local		
I am going to live in the apartment:		
alone with MBBS student(s)	☐ with BDS student(s)	☐ with family member(s)
DETAILS OF M	Y MBBS/BDS ROOMATE(S)	
Name:		Contact:
Name:		
Name:		Contact:
	AMILY MEMBER ROOMATE(S)	
Name:	Passport number:	Contact:
Name:		
Name:	Passport number:	Contact:
The date I plan to move out of the dorm:		
The date i plan to move out of the dorm.		
I hope the school will approve my application.		
Thepe the sense. Whi approve my approachem		
Print Name:		
Finit Name.		
Student ID:		
Contacts:		
Signature:		
Date:		