**APPLICATION FORM FOR ISSUING CERTIFICATE**

**英文文书/境外交流项目所需文书申请表**

**Academic Affairs Department, West China School of Medicine**

**华西临床医学院教务部**

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| **Applicant**  **申请人** |  | **Student ID No.**  **学号** |  |
| **Nationality**  **国籍** |  | **Major/Grade**  **专业/年级** |  |
| **Passport No.**  **护照号** |  | **Date of Birth**  **出生日期**  **(YY/MM/DD)** |  |
| **Document Request**  申请文书 | * **Transcript (MBBS student ONLY)** * **在读证明****Student Status Certificate** (**Bonafide Certificate )** * **在校表现Character Certificate** * **Medium of Instruction Certificate（MBBS Sudent ONLY）** * **资助证明 Letter of Founding** * **No Objection Certificate** * **推荐信 Recommendation Letter** * **其他Others:** | | |
| **Reason for Your Request**  **文件用途** |  | | |
| **Support Material**  **支撑材料** | (Support material/sample letter can be attached/支撑材料及所需文书模板可附后)  **辅导员Student Counclor**: | | |
| **Ways to Collect the Document**  **领取方式** | * **Collect in person in the office 本人领取** * **Collect by a friend or classmate in the office 委托他人领取** * **Email (PDF copy)-Email address：**   **NOTE**:  1. No post-service 不提供邮寄服务  2. Students can only choose ONE option for certificate collection 请选择一种领取方式 | | |
| **Signature： Tel: Date： YY MM DD**  **签名： 电话 日期： 年 月 日** | | | |
| **Document Preparation**  **文书制作/填写** |  | | |
| **部门负责人**  **Director** |  | | |
| **分管院领导**  **Vice Dean** |  | | |

**Note:**

1. This form is **ONLY** for students who are studying at the university, **NOT for alumni.** 此表仅适用于在校学生。
2. Please check the box □ to indicate your choice clearly. 请在□中勾选你所需文书。
3. After the application is accepted, it will take 3-5 working days to process the requested documents. For documents that are not normally provided, the processing time is 7-14 working days. 申请受理后文书制作需3-5个工作日。常规文书以外的文件需7-14个工作日。
4. Inquiry Office: Room 224, Qide Hall (Teaching Building No.8), Tel: 85422854. 咨询：启德堂（8教）224办公室，电话：85422854。
5. **Please print this form double-sided. 请双面打印此表**