

第一联：学院教务部留存 Filed in the Academic Affairs Department

华西临床医学院 MBBS 学生请假申请表

LEAVE APPLICATION FORM (MBBS), West China School of Medicine

姓名 Name		学号 Student No.	
国籍 Nationality		联系方式 Contacts	
请假原因 Reasons for leave			
请假时间 Start and end of leave	Leave date:	Return date:	是否销假 Whether report back after leave of absence <input type="checkbox"/>
辅导员 Student Supervisor		部门负责人 (超过 3 天) Director (More than 3 days less than 7 days)	
分管院领导 (超过 7 天) Vice Dean (More than 7 days)			

申请人签名/Signature of applicant: _____ 申请时间/Date: _____

证明材料另附 Supporting materials should be attached separately

第二联：交予任课老师 submitted to the lecturer

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