

上海中医药大学

导师接收外籍博士研究生意向表

Consent Form to Accept International Students for Doctoral Degree Program
Shanghai University of Traditional Chinese Medicine

上海中医药大学国际教育学院制

Made by Shanghai University of Traditional Chinese Medicine International Education College

申请人姓名 Applicant's Name		申请专业 Major	
拟录取学生类别 Program Category	<input type="checkbox"/> 全日制 Full-time <input type="checkbox"/> 兼读制 Part-time		
拟安排授课语言 Language of Instruction	<input type="checkbox"/> 汉语 Chinese <input type="checkbox"/> 英语 English <input type="checkbox"/> 日语 Japanese		
拟安排学习时间 Duration of Study	年 月 至 年 月 Year Month to Year Month		
导师意见 Mentor's Comments:			
是否通过综述测试 Result of Writing Test		通过 () 不通过 () Pass () Fail ()	
导师姓名 Mentor's Name			
导师所属院系或研究所 College/Department			
一级/二级学科 Mentor's confirmation of major			
联系电话 Tel:		签名: Signature:	日期: Date:

注：本表需由导师签字后由申请人将原件或扫描件递交至国际教育学院招生办公室。

Note: The applicant need to deliver the original copy of the Consent Form with the mentor's signature or send the scanned copy via email to the Admission Office, International Education College. (Email: iec.admissions@shutcm.edu.cn)