

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		学习专业 Major
拟录取学生类别 Program Category	<input type="checkbox"/> 全日制 Full-time <input type="checkbox"/> 兼读生 Part-time	
拟安排授课语言 Language of Instruction	<input type="checkbox"/> 汉语 Chinese <input type="checkbox"/> 英语 English	
拟安排学习时间 Duration of Study	年 月 至 年 月 Year Month to Year Month	
教授意见 Professor's Comments:		
教授电话 Tel.:	电子邮箱 Email:	
教授姓名: Professor:	签名: Signature:	日期: Date:
教授所属院系或研究所 College/Department		

注：本表需由教授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 professor's signature or send the scanned copy via email to the Admission Office, International Education College. (Email: iec.admissions@shutcm.edu.cn)