上海中医药大学国际学生经济担保证明

Shanghai University of Traditional Chinese Medicine

Statement of Financial Support for International Students

学生信息 **STUDENT INFORMATION**

学生姓名Student’s Full Name：

学生国籍 Nationality of Student:

担保人信息**SPONSOR’S INFORMATION**：

担保人姓名 Sponsor’s Full name:

担保人国籍 Nationality of Sponsor:

担保人职业 Occupation of Sponsor:

邮箱 Email: 电话 Phone:

目前地址 Address:

担保人与学生的关系 Relationship to Student:□ 家庭 Family □ 朋友 Friend

□ 公司 Company (如果某公司作为担保人，请用公司抬头纸打印担保信If a company is your sponsor, please provide the sponsorship letter on the company letterhead).

□ 其他 other (Please specify):

**我愿做\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_在上海中医药大学学习期间的经济担保人，保证该生按时缴纳各种费用，该生不能支付有关费用时，由我负责支付。**

**I am willing to be the financial supporter of Mr./Mrs.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ during his /her stay at Shanghai University of Traditional Chinese Medicine as a student. I will make sure that he /she pay all the fees on time, and I will pay all the fees which he /she would fail to pay.**

担保人签字/ Sponsor signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

日期/date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

学生签字/ Student signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

日期/date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_