

Application for Off-campus Internship and Long Leave

中国药科大学留学生校外实习/长假申请表

Name/		Gender/		Nationality/	
Student ID/		Major/		Degree/	
Reasons/					
	Student's Signature/			Date/	
Duration/	/From		/to		
Comments from supervisor/Fudaoyuan /					
	Signature/		Stamp/	Date/	
Comments from International office					
	Signature/		Stamp/	Date/	

- 1.
- 2.

Note: 1. This form should be completed in triplicate, and one copy is for the international office and two are for the supervisor/Fudaoyuan and the student respectively.

2. Application is required for leave of more than three days and certificate from the hospital should be attached for sick leave.