福建医科大学来华留学实习生请假单(科室联)

Application for Leave of intern in Fujian Medical University (For Department)

福建医科大学来华留学实习生请假单(教学办联)

Application for Leave of intern in Fujian Medical University (For Teaching Affairs Office)

福建医科大学来华留学实习生请假单(学院联)

Application for Leave of intern in Fujian Medical University (For OEC)

学号	姓名		学号	姓名		学号	姓名	
Student No.	Name		Student No.	Name		Student No.	Name	
实习医院	实习科室		实习医院	实习科室		实习医院	实习科室	
Hospital	Department		Hospital	Departmen	t	Hospital	Department	
联系电话Phone num			联系电话Phon			联系电话Phone		
请假时间 从From:	至to:		请假时间 从From: 至to:			请假时间 从From: 至to:		
eaving Period 共In total:_	天Days		Leaving Period 共In total: 天Days			Leaving Period 共In total:天Days		
f假原因Reasons of Leav	ve:		请假原因Reasons of	f Leave:		请假原因Reasons of L	eave:	
			! 					
生签名Signature:	日期I	Date:	学生签名Signature:		日期Date:	学生签名Signature:		日期Date:
教老师意见Opinions of	Teacher:		带教老师意见Opinio	ons of Teacher:		带教老师意见Opinions	of Teacher:	
名Signature:	日期	Date:	 签名Signature:		日期Date:	┃		日期Date:
室意见Opinions of Depa	artment:		科室意见Opinions of			科室意见Opinions of De		
至章Signature or Stamp:_	日期	Date:	┃ ┃ 签章Signature or Sta	amp:	日期Date:	■ 签章Signature or Stam	p:	日期Date:
i外辅导员意见Opinion:	s of Advisor:		海外辅导员意见Op	inions of Advisor:		海外辅导员意见Opini	ons of Advisor:	
i导员签字 Advisor Sign	nature: 日期	Date:	┃ ┃ 補导员签字 Adviso:	r Signature:	日期Date:	┃ ┃ 辅导员签字 Advisor S	signature:	日期Date:
文学办意见Opinions of Te			•	of Teaching Affairs Office:		教学办意见Opinions of	Teaching Affairs Office:	
章Signature or Stamp:_	日期	Date:	┃ ┃ 签章Signature or Sta	amp:	日期Date:	【 │	p:	日期Date:
序外学院意见Opinions of the OEC:			海外学院意见Opinions of the OEC:			海外学院意见Opinions of the OEC:		
至章Dean's Signature or S	Stamp: 日期	Date:	┃ ┃ 签章Dean's Signatu	re or Stamp:	日期Date:	■ 签章Dean's Signature	or Stamp:	日期Date:
s; (2)请假申请获得 作无故旷课处理,按! otes: (1) Related certific tached to this application	所学生本人申请有关证明, 批准后方可离开,并在指定 照相关规定给予处分。 ates, such as medical certifica n; (2) Students approved to le the due time, or will be punish	时间返校销假,否 te, etc, need to be ave are required to	等; (2)请假申请则作无故旷课处理。 Notes: (1) Related co attached to this appli	表应附学生本人申请有关 请获得批准后方可离开,并 ,按照相关规定给予处分。 ertificates, such as medical c cation; (2) Students approve k on the due time, or will be	在指定时间返校销假,否 ertificate, etc, need to be ed to leave are required to	等; (2) 请假申请初则作无故旷课处理, 则作无故旷课处理, Notes: (1) Related certi attached to this applicat	反应附学生本人申请有关i 转得批准后方可离开,并在 按照相关规定给予处分。 ificates, such as medical ce tion; (2) Students approved on the due time, or will be	生指定时间返校销假 rtificate, etc, need to b I to leave are required

福建医科大学来华留学实习生销假单

Application for Leave Clearance of intern in Fujian Medical University

Application for Leave Clearance of Internal August Medical Onliversity									
学号	姓名	请假时间	从From: 至to:	返回时间	日期 Date:				
Student No.	Name	Leaving Period	共In total: 天Days	Back Time	口夠 Date				
•	•	•	•	•					
	日期 Date:								

填表说明: 假期满上班时由带教老师填写上班日期,教研室(组)主任签字后由学生本人交到教学办处。

Notes: The back time should be filled by the teacher in the department and signed by the dean of Teaching Affairs Office. Students need to deliver this to the Teaching Affairs Office personally.