

首都医科大学国际学生经济担保函

Statement of Financial Support for International Students

学生基本信息 Student Basic Information

姓名 /Passport Name	性别/ Gender
国籍 /Nationality	护照号码 /Passport No.

经济担保人基本信息 Basic Information of Financial Guarantor

姓名 /Passport Name	中文姓名(如有)/Chinese Name (if applicable)
国籍/ Nationality	护照号码/身份证号码 Passport No./ Chinese ID No.
性别 /Gender	出生日期 /Date of Birth
电话号码 /Telephone No.	现工作单位及职务 /Employer and Occupation
联系地址 /Post Address	
与被担保人关系/ Relation with student <input type="checkbox"/> 父母/ Parent <input type="checkbox"/> 其他亲属 /Other Relative <input type="checkbox"/> 朋友/ Friend <input type="checkbox"/> 其他 /Other_____	

我愿意担任以上学生的经济担保人,并承担该生在首都医科大学留学期间的一切费用。如该生因各种原因须承担其他形式的经济责任,本人有义务作为经济担保人承担赔偿责任。

I hereby declare that I'm willing to act as the financial guarantor of the above student, and bear all the expenses of the student during his/her study in Capital Medical University. Should there be any other forms of economic responsibility occurred to the student for various reasons, I will be in duty bound to bear the liability as the financial guarantor.

注意:

- 经济担保人必须是具有完全民事行为能力的、年满 18 周岁且有稳定收入来源的自然人;
- 经济担保人须如实填写首都医科大学国际学生经济担保函,并提供经济担保人本人或学生本人的银行存款证明(金额不低于1.5万美元)。

Note:

- The financial guarantor must be a natural person with full civil capacity, aged above 18 with stable source of income.
- The financial guarantor should truly and correctly fill in *Statement of Financial Support for International Students*, and provide the guarantor's own or the student's Bank Deposit Certificate (The minimum amount should be 15,000 USD).

担保人签名 /Guarantor's Signature

日期/ Date

学生签名 /Student's Signature

日期/ Date