首都医科大学教授接受国际学生意向表

Form for Provisional Acceptance of International Student by CMU Professor

首都医科大学国际学生事务办公室制

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| --- | --- | --- | --- | --- |
| 申请人姓名  **Applicant’s Name** |  | 学习专业  **Major** | |  |
| 年龄  **Age** |  | 国籍  **Nationality** | |  |
| 拟安排授课语言  **Language of Instruction** | 汉语Chinese  英语English | 拟录取学生类别  **Category**  **(Level of Study)** | | 硕士生(Master)  博士生(Ph.D.)  进修生（Visiting Student） |
| 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**):  教授姓名: 签名: 日期:  (Name of Professor) (Signature) (Date) | | | | | |
| 教授所属院系（学院或医院教育处盖章）：  Department： | | | 电话Tel:  电子邮箱 Email: | | |

**注：1.**本表由我校教授填写，根据与国际学生沟通了解情况，提出接受意向。请确认该导师在当年的招生目录上。本表不作为首都医科大学国际学生的录取凭证。国际学生可将本表作为首都医科大学申请的辅助材料递交给首都医科大学国际学生招生部门。

**2.** 专业学位仅为汉语授课,学术学位为汉语授课或英语授课。

**Note:** 1.This form is filled by the professor of Capital Medical University (CMU) according his knowledge of the applicant. Please confirm that your tutor is listed in the supervisors list released by the university. This form cannot be used as official letter of admission from CMU; it can be used as a supplementary part of the application materials for study at CMU.

2. Professional Degrees are taught in Chinese only, which require HSK5. Academic Degrees are taught in Chinese or English.

首都医科大学国际学生事务办公室

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首都医科大学研究生院

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