

山东大学基础医学院 MBBS 请假申请表

LEAVE APPLICATION FORM, SHANDONG UNIVERSITY SCHOOL OF BASIC MEDICAL SCIENCES

姓名 Name			学号 Student No.		
国籍 Nationality			联系方式 Contacts		
请假原因 Reasons for leave					
请假时间 Period for leave	Leave date:	Return date:	是否销假 Whether to terminate the leave <input type="checkbox"/>		
辅导员签字 Signature of instructor			分管领导签字/盖章 Signature of leadership/Seal		

声明 Statement

本人承诺，将在请假期限内按时返回。请假期间导致的学习、实习、毕业的延误，本人愿意承担后果。逾期不归，将接受学校相关规定的处理。

I promise I will return on time as this application states. I will be responsible for any consequences of classes, clinical practice and the graduation because of the leave. If I could not come back on the promise time, I will accept the punishment according to the school regulations.

申请人签名/Signature of applicant: \_\_\_\_\_ 申请时间/Date: \_\_\_\_\_

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