

辽宁中医药大学导师接受外国研究生（硕/博）留学生意向表

FORM FOR PROVISIONAL ACCEPTANCE OF INTERNATIONAL STUDENT(MASTER/PHD) BY LIAONING UNIVERSITY OF TRADITIONAL CHINESE MEDICINE

申请人姓名 Student Name		类别（硕/博） Category (Master/PHD)	
国籍 Nationality		护照号 Passport No	
出生日期 Date of Birth		性别 Gender	
宗教 Religion		婚否 Marital Status	
申请专业 Major		研究方向 Major Orientation	
	专业型 Professional master		学术型 Academic master
授课语言 Language of Instruction		学习时间 Duration of Instruction	
导师姓名 Name of Supervisor		导师签名 Signature	
导师所在院系 School or Department		导师联系方式 Contact information	
导师意见 Supervisor's Comments		日期 Date	
备注 Note	<p>本表由我校研究生（硕/博）导师填写，导师根据与学生沟通了解情况，提出接受意向，本表不作为辽宁中医药大学外国留学生的录取凭证，仅作为外国留学生留学辽宁中医药大学的申请材料。</p> <p>This form is filled by the postgraduate supervisor of Liaoning University of Traditional Chinese Medicine according to his/her knowledge of the applicant. This form can not used as an official letter of admission from Liaoning University of Traditional Chinese Medicine. It can only be used a supplementary part of the application materials for study at Liaoning University of Traditional Chinese Medicine.</p>		

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