中国矿业大学国际学生返校申请表

 Application Form for Returning School for International Students of CUMT

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| **姓名****Name** |  | **性别****Gender** |  | **所在单位****College** |  | **联系方式****Tel** |  |
| **护照名****Passport Name** |  | **护照号****Passport No.** |   |
| **现居地地址****Current Address in details** | (Include city, street, community and room number) |
| **返校前14日内是否有发热、干咳、乏力等症状：□有 □无****Do you have fever, dry cough, or fatigue within 14 days before returning to school：□YES □NO** |
| **校内详细住址****Room number** |  |
| **申请返校前14日行程****Travel Paths****during 14 Days before Applying to Return to School** |  |
| **申请内容****Content of Application** |  **本人承诺：**已知晓学校制定的有关疫情防控工作内容。本人目前身体健康，申请返校前14天内无发热、乏力、咳嗽等症状。本人在境外期间未到过重点疫区，无医学隔离史，无疫区人员密切接触史，假期共同生活或密切接触亲属无医学隔离史和疫区人员密切接触史。无向学校隐瞒的其他内容。如弄虚作假或隐瞒不报等带来的后果由本人承担。**I promise**: The school has been informed about the content of epidemic prevention and control work. I am currently in good health and have no fever, fatigue, or cough within 14 days before applying to return to school. I have not been to a key epidemic area during my stay abroad, and I haveno history of medical isolation, no history of close contact with people in the epidemic area. The relatives who lived with me on vacation or have close contact with me have no history of medical isolation and close contact with people in the epidemic area. No other content concealed from the school.The consequences of fraud or concealment shall be borne by me.申请人（Signature）： (Year)年 (Month)月 (Day)日  |
| **个人计划行程****Itinerary of Returning to School** | 请写明机票及火车票等所有信息，包括时间，航班号，火车班次，机场及火车站等。Please write all the information about your plane tickets and train tickets, including the time , flight number and train number，airport and railway station.火车班次/航班号（Train No./ Flight No.）： 出发时间（Depart time）： ： 日（D） 月（M）到达时间（Arrival time）： ： 日（D） 月（M）出发机场/车站（Depart airport/ railway station）： 到达机场/车站（Arrival airport/ railway station）： 交通工具（Way of transportation）：  |
| **国际学院意见****Remarks from International College** | 经审核，同意该生返校。如有必要，我单位将按照《中国矿业大学国际学生疫情防控期间管理办法（试行）》，要求其直接到学院指定隔离点实行集中隔离观察14天。指定责任联络人： （含联系方式）。 单位负责人签字： （单位盖章）年 月 日 |