



WENZHOU-KEAN
UNIVERSITY

温州肯恩大学学生复学申请表

Application Form of Resumption of Schooling

姓名 Name		性别 Gender		学号 Student ID		专业 Major	
批准休学期限 Duration	年	月	日至	年	月	日 (Y/M/D)	联系电话 Tel No.
复学 理由 Resumption Reason	学生(签字) Signature : 日期(Date):						
校医疗中心复查意见 Permission from Medical Center	(医院证明附后) Hospital Certificate Attached 签字(盖章) Signature (Seal): 日期(Date):						
学生事务中心意见 Permission from Student Affairs Office	签字(盖章) Signature (Seal): 日期(Date):						
财务部意见 Permission from Finance Office	签字(盖章) Signature (Seal): 日期(Date):						
教务部意见 Permission from Office of the Registrar	签字(盖章) Signature (Seal): 日期(Date):						

注 Note: 1、因病休学的学生, 应持有县级以上医院证明恢复健康并经校医院审核同意后, 方可复学。
Resumption from Medical illness should get the approval from University Medical Center with Hospital Certificates Attached.
2、本表一式三份, 学生、财务部、教务部各保留一份。
This form should have three copies; Applicant, Finance Office and Office of the Registrar should keep one copy.

温州肯恩大学教务部
Office of the Registrar