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| --- | --- | --- | --- |
| **姓名Name** |  | **学号Student ID** |  |
| **性别 Gender** | 选择一项。 | **国籍Nationality** |  |
| **院系School** |  | **专业Major** |  |
| **班级Class ID** |  | **导师Supervisor** |  |
| **学生类型**  **Degree Program** | 选择一项。 | **学习形式**  **Study Mode** | 选择一项。 |
| **学籍注销类型**  **Cancellation Type** | ○死亡 | **学籍注销时间**  **Cancellation Time** | 年 月 日 |
| **理由陈述 Statement**  申请人签名Signature: 日期Date： 2021-04-16 | | | |
| **院系审核 School Review**  院系领导签字 Dean in charge of Graduate Education:  院系学生工作负责人签字Signature: （公章）日期Date： | | | |
| **研究生院审核 Graduate School Review**  ○ 同意 Approved ○ 不同意Disapproved  签字Signature: （公章）日期Date: | | | |

**说明Note:** 本表一式一份。One copies should be made. 附证明材料。Relevant evidence should be attached.