成都中医药大学境外学生校外居住申请表

Application Form for Off-campus Accommodation

(请用黑色或蓝色墨水笔填写内容) Please complete the form in black or blue ink

姓名		性别		出生日期		
Full Name		Sex:		Date of Birth		
生源地		证件类型		证件号码		
Country/Region		Type of certificate		Certificate No.		
证件有效期		居留证号码(留学生填写)		居留证有效期(留学生填写)		
Certificate expiry date		Residence Permit No. (international students only)		Residence Permit expiry date (international students only)		
		(international students only)		(international students only)		
本人联系电话						
Applicant Tel						
本人自愿申请迁往						
申请人签名:			申请日	申请日期:		
Applicant signature:			Applic	Application date:		
国际教育学院						
Opinion of International Education College:						

备注 remarks:				
1.	现居留地址 current residence address:			
2.	现联系电话 Applicant Tel:			
3.	拟迁往地址 Relocate(new) residence address:			
4.	房东姓名 Name of Landlord:			
5.	房东联系电话 Tel No. of Landlord:			
6.	是否有租房协议 Provide Rental contract : 是 yes □ 否 no □			
7.	是否有《入境人员临时住宿登记表》 Registration Voucher of Residence			
For Visitors From Overseas: 是 yes □ 否 no □				