**Agreements on Rotation Arrangements**

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| Name |  | Student ID No. |  |
| Rotation Arrangement: (下表双语填写，轮转日期格式：yyyy-mm-dddd~ yyyy-mm-dddd)   |  |  |  | | --- | --- | --- | | No. | Discipline（学科） | Rotation Period（轮转时间） | | 1 |  |  | | 2 |  |  | | 3 |  |  | | 4 |  |  | | 5 |  |  | | 6 |  |  | | 7 |  |  | | 8 |  |  | | 9 |  |  | | 10 |  |  | | 11 |  |  | | 12 |  |  |   Signature(Stamp) of Teaching Affair Office(医院医教科室签章)：  Date： | | | |
| **以上科室是否已全部完成考核：**（如在申请学位时仍有未通过科室，请在此写明科室及补轮转安排时间，该生将自动延期半年申请学位，通过全部考核后方能申请学位。）  医院医教部门（签章）：  日期： | | | |

\*本表在轮转初始一式四份，医院医教部门留存其中一份。在留学生研究生完成临床学习申请学位时，需向医院医教部门提交临床技能手册，验收合格后，医教科室填写上表最后一栏确认，国教院收到此表后，方能认定学生完成了临床学习。\*4copies，for SIE, the hospital, the supervisor and the student。**（请正反打印）**

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| Confirm by the Student:  I confirm that I have known the arrangement and requirements clearly, and I have considered all the relative aspects. I agree with the arrangement and accept it.  Signature：  Date： |
| Opinion of Supervisor:  Signature(Stamp)：  Date： |
| Opinion of Teaching Affair Office,SIE:  Signature(Stamp)：  Date： |