**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-dd~ yyyy-mm-dd)   |  |  |  |  | | --- | --- | --- | --- | | No. | Discipline（科室） | Months (月) | Rotation Period（轮转时间） | | 1 |  |  |  | | 2 |  |  |  | | 3 |  |  |  | | 4 |  |  |  | | 5 |  |  |  | | 6 |  |  |  | | 7 |  |  |  | | 8 |  |  |  | | 9 |  |  |  | | 10 |  |  |  | | 11 |  |  |  | | 12 |  |  |  | | 13 |  |  |  | | 14 |  |  |  |   Signature(Stamp) of Teaching Affair Office(医院医教科室签章)：  Date： | | | |
| 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： | | | |

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| Opinion of Supervisor:（导师意见）  Signature(Stamp)  （导师请签中文名）：  Date： |
| Opinion of Cultivation Office, PG school: (研究生院培养办意见)  Signature(Stamp)：  Date： |
| **（本栏在留学生完成轮转后，由临床医学院医教部门填写）**  **(Please hand this table to the Teaching Affair Office of your hospital, when you finish all the rotation.)**  **以上科室是否已全部完成考核：是 否**  （**如选“否”，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。请学生将此表带回研究生院培养办登记。**）（If not pass all the discipline inspections, the teaching affair office will write make-up rotation here. Please take this table back to the cultivation office of PG school.）    医院医教部门（签章）：  日 期： |

\*本表在轮转前一式四份，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，培养办收到此表后，方能认定学生完成了临床学习。\*4copies，for PG school, the hospital, the supervisor and the student。**（请正反打印）**