

福建医科大学来华留学研究生导师预接收函

Pre-Acceptance Letter of International Student by Supervisor of Fujian Medical University

本人经过初步了解，认为该学生有较好的求学动机和学术能力，愿意接收其为本人_____年度的（硕士□/博士□）研究生。本函仅为本人接收意愿，提供学生作为申请支撑材料之一，不作为录取凭证；最终的录取结果以福建医科大学海外教育学院（留学生工作办公室）公布为准。

After my preliminary review, I personally consider that the applicant has the academic ability and ambition to pursue his/her study at Fujian Medical University. I hereby agree to pre-accept him/her as my Master□/Doctoral□ student of the year of _____. This letter is evidence of my acceptance, as a supporting document for the applicant. Regarding the admission result, the admission notice issued by Overseas Education College of Fujian Medical University shall prevail.

申请人信息 Applicant Information (请用正楷填写)

护照姓名 Full Name	
国 籍 Nationality	
出生日期 Date of Birth	
毕业院校 University Last Attended	
申请就读专业 Major	
申请就读层次 Degree Level	硕士 Master Degree <input type="checkbox"/> 博士 Doctoral Degree <input type="checkbox"/>
申请学位类型 Type of Degree	学术型 Academic Degree <input type="checkbox"/> 专业学位 Professional Degree <input type="checkbox"/>
授课语言 Instruction Language	中文 Chinese <input type="checkbox"/> (HSK5 is minimum required) 英文 English <input type="checkbox"/>

导师姓名 Supervisor Name: _____ (请用中文正楷填写)

导师所属院系 College/Department: _____

电子邮箱 E-mail: _____

联系电话 Tel.: _____

导师签名 Supervisor's signature: _____ 日期 Date: _____

申请人签名 Applicant's signature: _____ 日期 Date: _____

备注 Note:

1. 申请攻读临床医学和口腔类硕士专业学位的（授课语言须为中文），汉语水平考试（HSK）须达到五级及以上水平；

Applicants for Master's **Professional Degree** in **Clinical Medicine, Stomatology** must hold **HSK5** report or above, and the instruction language must be **Chinese** as required.

2. 申请者获得奖学金或入学资格后，不得更换专业和导师；
Supervisor or major can not be changed if applicant wins the scholarship or gains admission.

3. 导师确定初步接收意向后，为申请人签署并出具该预接收函，不能随意撤销。
Once supervisor confirms and signs this pre-acceptance letter, it will be irrevocable.