**校外住宿学生返校申请表**

**Application Form for Moving back to Campus**

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| 中文名Chinese name |  | 学号Student ID |  | 电话Phone No. |  |
| 班级Class(eg. 2018 pharmacy) |  | 班主任Class mentor |  | 邮箱Email |  |
| 校内住宿地址Campus room No.(eg.H1-110) |  |
| 校外住宿地址Off- campus address |  |
| 假期期间是否曾离开居住地have you ever left the place of residence during the holiday(Y/N) |  | 何时去了何地When/Which city have you been  | EG. 2021.7.20-7.25 shanghai |
| 是否独居 living alone（Y/N） |  | 校外住宿室友信息（姓名，护照号，电话）Off-campus roommate Information (name, passport number, phone number) |  |
| 你当前健康状况Your current health situation | Healthy□Not healthy□ | 室友当前健康状况Your roommate’s current health situation | Healthy□Not healthy□ |
| 是否位于或途径中高风险地区Have you been to middle or high risk area | YES□the area：NO□ |
| 本人及室友健康码Health code for yourself and your roommate(if you have ) |  |
| 本人及室友14天旅行史截图 please attach screenshot of your and your roommate’(if have)travel history in the past 14 days，if you haven’t left Nanjing in the past 14 days  |  |
| 学生个人承诺Personal Commitments | 1.学生提交返校申请时间：8月25日，返校申请经学院审核通过后学生于8月27日当天9:00-17:00入校。Students shall submit the application on August 25. After approval, students shall only return to campus between 9am and 5pm on August 27. 2.在外期间严格遵守疫情防控规定，做好个人防护。离校学生居家期间要减少不必要外出，不前往国外和国内中高风险地区，不跨省长途旅行，不与来自中高风险地区人员接触，做好个人防护，如必须离开居住地需向班主任报备。I will strictly abide by the epidemic prevention and control regulations, take personal protection measures. During the period of staying outside campus, I will reduce unnecessary going out, will not go to foreign and domestic middle and high risk areas, not travel across provinces, not contact with people from middle and high risk areas, and I will report to the mentor if I have to leave the place of residence.3.返校后服从学校防疫规定，每日更新“CPU健康码”。I will strictly abide by the relevant regulations and measures of the university, update the CPU health code everyday.4.本人将严格遵守上述承诺，并对所报材料负责，若有瞒报、漏报、谎报或拒不执行疫情防控相关规定的行为，本人愿承担一切法律责任。I will strictly abide by the above commitments and be responsible for the materials reported. If there is any act of concealing, omitting, falsely reporting or refusing to implement the relevant regulations for epidemic prevention and control,I am willing to bear all legal responsibilities.本人签字Applicant signature：年Year 月Month 日Day |
| 学院审批意见School of International Education  | 负责人签字： （学院盖章）年Year 月Month 日Day |