**2020年暑期校外住宿申请表**

**Application Form for Moving Outside Campus during the 2020 Summer Vacation**

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| 中文名Chinese name |  | 学号Student ID |  | 电话Phone No. |  |
| 班级Class(eg. 2017 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 |  | | | | |
| 校外紧急联系人off-campus emergency contact | Eg.Name+phone no | | | | |
| 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) | |  | |
| 申请校外住宿事由Reasons for moving outside campus |  | | | | |
| 学生个人承诺  Personal Commitments | 1.于2020年7月20日17:00前离校并搬至校外居住。于8月30日9:00-17:00返校，其余时间不的返校，严格服从学校返校安排，暑假后按时返校上课。I will move outside campus exactly before 5pm, July 20, 2020. I will return to campus exactly between 9am and 5pm, August 30, 2020 and will strictly follow the school’s arrangements for returning to school so as to resume the class on time.  2.校外住宿期间如实申报本人健康状况，每日完成健康打卡，身体不适及时就医并报告班主任。During the off-campus housing period, I will truthfully declare my health status, complete the health report every day, go to hospital and report to the class mentor if I feel unwell.  3.严格遵守社区疫情防控期间相关规定和措施,外出佩戴口罩，避免前往人流密集处。保持社交距离，做好个人防护。I will strictly abide by the relevant regulations and measures of the local community, avoid going to crowded places, maintain social distances, wear masks and take personal protections during the epidemic prevention and control period.  4.在华停留期间继续遵守所有法律法规，包括但不限于24小时内办理临时住宿登记、不超期停留、不非法打工/经商等。滞留期间因违反中国法律法规所造成的一切后果将由本人承担。I will continue to observe and abide by China’s laws and decrees during my stay in China, including but not limited to: report Temporary Residence to local police within 24 hours, do not overstay after Visa expires, do not work/trade without working permit etc. Any violation of laws and decrees during my stay in China will be my sole responsibility.  5.校外住宿期间除非必要不离开南京。I will not leave Nanjing during off-campus housing unless necessary.  6.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 | | | | |
| 班主任审批意见  Mentor approval/rejection | 班主任签字Mentor’s 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 | | | | |