疫情防控期间走读留学生审批表暨安全承诺书

The Application and Safety Commitment for Off-campus Residents and Interns, during the Period of Epidemic Prevention and Control

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| 姓 名Namename |  | 一卡通号Campus card No. |  | 护照号Passport No. |  |
| 学历层次Education level |  | 年级专业Grade and major, eg. 2017 pharmacy |  | 班主任Class mentor |  |
| 电 话Tel |  | 导 师（仅限硕博）Supervisor’s name (for postgraduate) |  | 所在校区In which campus |  |
| 当前住宿地址Current address | 校内□On campus校外□Off campus具体地址（详细到门牌号）：The exact address (Detailed to the room number) |
| 紧急联系人 Emergency contact | 姓名：Name 电话：Tel |
| 同住人（独居填无）The informationof roommate(if alone, fill in “None”) | 姓名：Name电话：Tel |
| 申请走读事由Reasons for the application |  |
| 本人及同住人苏康码The Su Kang codes for yourself and your roommate(if you have ) |  |
| 本人及同住人14天行程码The 14-day travel history code for yourself and your roommate(if you have ) |  |
| 本人CPU健康码Your CPU health code  |  |
| 学生个人承诺Personal commitments | 1. 本人将如实申报本人健康状况，每日健康打卡，出现呼吸道症状时不得入校并及时报告班主任。I will truthfully report my health situation, daily renew the CPU health code, and shall not enter the campus if have respiratory symptoms and report to the class mentor in time.2. 本人及同住人健康状况良好、苏康码均为绿码、没有风险地区旅行史、14天内没有接触过发热咳嗽等呼吸道症状人员。My roommates and I are in good health, have green Su Kang codes and no travel history in risky areas. Within 14 days, we have not been in contact with persons with respiratory symptoms such as fever, cough, etc.  3. 申请走读的事由结束后及时报告班主任关闭通行权限，瞒报、谎报者按违纪处理。After the reasons for travelling between the residence/internship location and campus are over, I will report to the class mentor to close the access permissions in time, and I am well informed that those who conceal or make false reports will be dealt with as violation of discipline.4. 严格遵守学校疫情防控期间相关规定和措施，行程轨迹保持两点一线。每天向班主任发送实时定位并报送行程码。I will strictly abide by the school’s relevant regulations and measures during the epidemic prevention and control period, and keep the traveling only between campus and my residence. Every day I send real-time positioning and report the travel history code to the class mentor.5. 承诺校园卡不外借他人使用，一经发现，将接受学院严肃处理。I promise that my campus card will not be used by others. Once discovered, it will be dealt with seriously by the school.6. 本人将严格遵守上述承诺并对所报材料负责。本人已知晓任何隐瞒、谎报、漏报旅居史、接触史、健康状况等疫情防控重点信息或拒不执行疫情防控相关规定的，学校将依据相关法律法规追究法律责任。 I will strictly abide by the above commitments and be responsible for the materials reported. If I have been aware that any concealment, misreporting, under-reporting of key information on epidemic prevention and control such as travel history, contact history, health status, or refusal to implement relevant regulations on epidemic prevention and control, the school will pursue legal liabilities in accordance with relevant laws and regulations. 学生签字：  Signature of the student  日期Date： |
| 导师意见Opinion of the supervisor (for postgraduate) |    导师签字：  Signature of the supervisor  日期Date： |
| 班主任意见Opinion of the class mentor |   班主任签字：  Signature of the class mentor  日期Date： |
| 分管书记意见Opinion of the secretary in charge |  分管书记签字：  Signature of the secretary in charge  日期Date： |