**研究生短期出访申请表**

**The application form of short visits for students and postdoc**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Project Name (Chinese)** | |  | | | | | | | | | | | | |
| **Project Name (English)** | |  | | | | | | | | | | | | |
| **Visit Types** | | **□ Conferences □ Cooperation □ Visit □ Training □ Activities**  **□ Joint cultivation □ Study abroad** | | | | | | | | | | | | |
| **Report Title** | |  | | | | | | | | | | | | |
| **Report Types** | | **□ Invited □ Oral □ Poster** | | | | | | | | | | | | |
| **Countries for visit** | |  | | **Drop by** | | |  | | **Days for Visit** | | | | |  |
| **Departure Date** | |  | | | | | **Arrival Date** | |  | | | | | |
| **Visit Route** | |  | | | | | | | | | | | | |
| **Host Organization** | |  | | | | | | | | | | | | |
| **Inviter’s message** | | **Name, Position, Organization, Address and phone number** | | | | | | | | | | | | |
| **Funding from** | | * **CAS □ IMR □ Out of CAS □ Abroad □ Others** | | | | | | | | | | | | |
| **Applicant Name** | | | | | **M/F** | **Nation** | | **Birth Date** | | | **Place of Birth** | | | |
|  | | | | |  |  | |  | | |  | | | |
| **Passport No.** |  | | | | **Grade** |  | | | | **Tel.** | | |  | |
| **Group Category** | **Whether to visit by agreement group □ No □ Yes** | | | | | | | | | | | | | |
| **Group Name：** | | | | | | | | | | | | | |
| **Aim, task and the significance for visit** | **Requirement:**   1. **The brief introduction of conference background.** 2. **Clarify the aim, task and significance of visit.** 3. **The visitor’s introduction is needed if cooperation will be made.** 4. **Submit the certificate about the financial support from other side.**   **Signature:**  **Date:** | | | | | | | | | | | | | |
| **Comment by the head of Division** | | | **签名Signature:** | | | | | | | | | **年 月 日** | | |
| **Comment by Graduate School** | | | **签名Signature:** | | | | | | | | | **年 月 日** | | |
| **Comment by the Dean of IMR** | | | **签名Signature:** | | | | | | | | | **年 月 日** | | |
| **Comment by Foreign Affairs Office** | | | **签名Signature:** | | | | | | | | | **年 月 日** | | |

**Note：**1、please do not change the form format, and print on a page A4 paper

**2、**Detailed schedules for collaborative research or academic exchanges should be submitted for outside conference, and funding certificates should be provided for those who receive financial assistance from outside CAS