监护人委托书

Guardianship Authorization Form

我愿意担任以下申请人在北京中医药大学学习期间的监护人，对其在此期间的行为和经济状况负责。我在此保证：若该申请人在此期间出现任何意外或经济问题， 我将承担全部监护责任。

I’m willing to be the guardian of the following applicant during the period of his/her study at Beijing University of Chinese Medicine. I hereby guarantee to be responsible for the applicant’s behavior and finance during the aforementioned period. Should there be any emergency or financial problem occurred to him/her, I will be in duty bound to take my responsibility of guardianship for it.

申请人姓名/ Name of Applicant:

性别/Gender: 出生日期/DateofBirth:

国籍/Nationality: 护照号码/Passport No.:

监护人姓名/Name of Guardian:

性别/Gender: 出生日期/DateofBirth:

国籍/Nationality: 护照号码/Passport No.: 身份证号码/ ID No.: 与被监护人关系/Relationship to the Applicant: 工作单位/Employer： 电话/Tel： 传真/Fax: 电子邮件/E-mail: 监护人北京市居住地址/ Guardian's Permanent Address in Beijing:

监护人签字/Signature of Guardian: 日期/Date: