CERTIFICATE OF STUDENT STATUS

请将所有红色字迹部分按本人实际情况填写，完成后将字体颜色改为黑色并删去本段文字。

Name in Full:

Gender: Male/Female

Date of birth: January 1, 1994

Resident ID Number:

Student ID Number:

To whom it may concern:

This is to certify that XXX(Your name) is a three-year full-time master/doctoral student of xxxxxxxx (your major) in School of xxxxxxx (Your College) since September, 2020.

If the student successfully completes all the training links and meets the required standard, he/she is expected to graduate in June, 2023.

Graduate School

Zhejiang Chinese Medical University

October 18, 2022