

附件 3

河南中医药大学来华留学生经济担保证明  
Henan University of Chinese Medicine  
Statement of Financial Support for International  
Students

学生信息 STUDENT INFORMATION

学生姓名 Student' s Full Name:

学生国籍 Nationality of Student:

担保人信息 SPONSOR' S INFORMATION:

担保人姓名 Sponsor' s Full name:

担保人国籍 Nationality of Sponsor:

担保人职业 Occupation of Sponsor:

邮箱 Email:

电话 Phone:

目前地址 Address:

担保人与学生的关系 Relationship to Student:

家庭 Family       朋友 Friend

公司 Company (如果某公司作为担保人, 请用公司抬头纸打印担保信 If a company is your sponsor, please provide the sponsorship letter on the company letterhead).

其他 other (Please specify):

我愿做\_\_\_\_\_在河南中医药大学学习期间的经济担保人, 保证该生按时缴纳各种费用, 该生不能支付有关费用时, 由我负责支付。

I am willing to be the financial supporter of Mr. /Mrs. \_\_\_\_\_ during his /her stay at Henan University of Chinese Medicine as a student. I will make sure that he /she pay all the fees on time, and I will pay all the fees which he /she would fail to pay.

担保人签字/ Sponsor signature: \_\_\_\_\_

日期/date: \_\_\_\_\_

学生签字/ Student signature: \_\_\_\_\_

日期/date: \_\_\_\_\_