

## 监护人保证书

### GUARANTEE STATEMENT

我愿意担任以下申请人在上海交通大学医学院学习期间的监护人, 对其在此期间行为和财务状况负责。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 Shanghai Jiao Tong University School of 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/Date of Birth: \_\_\_\_\_

国籍/Nationality: \_\_\_\_\_ 护照号码/Passport No.: \_\_\_\_\_

监护人姓名/Name of Guardian: \_\_\_\_\_

性别/Gender: \_\_\_\_\_ 出生日期/Date of Birth: \_\_\_\_\_

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: \_\_\_\_\_

中国境内永久居住地址/Permanent Add. Of Guardian in China: \_\_\_\_\_

监护人签字/Signature of Guardian: \_\_\_\_\_

日期/Date: \_\_\_\_\_