**山东第二医科大学同等学力人员申请硕士学位单位同意书**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 姓名 |  | | | | | | 性别 | | | | |  | | | | | 出生年月 | | | | | | | | | | | | | | 年 月 | | | | | | | | | | | | | | | | | | 照片 | | | | |
| 身份证  件号码 |  |  |  | |  | | |  | | |  |  | | | |  | | |  | | |  | | | |  | | |  | | |  | | |  | | | |  | |  | | |  | | |  | |
| 工作单位 |  | | | | | | | | | | | | 职称/职务 | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| 通信地址 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 邮政编码 |  | | | | | | | | | | | 联系  电话 | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 个人简历  （由高中开始填写） | 起止年月 | | | | | | | | 在何地、何部门、任何职务 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 最后学历、学位情况 | 最后学历时间 | | | | | | | | |  | | | | | | | | | | | | | 获学士学位时间 | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| 毕业学校 | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 所学专业 | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 学士学位证书编号 | | | | | | | | | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | |  | |  | | |  | |  | | |  | |  |  |  |  |
| 毕业证书编号 | | | | | | | | | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | |  | |  | | |  | |  | | |  | |  |  |  |  |
| 医师资格证书情况 | 发证时 间 | | |  | | | | | | | | | | 证书编号 | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 住院医师规范化培训合格证 | 时间 | | | | | | | | | | |  | | | | | | | | | | | | | | | | 专业 | | | | | | | | | | | | | | | | | |  | | | | | | | |
| 合格证书编号 | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 拟申请学院 | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 拟申请硕士学位专业  （内外科写到研究方向） | | | | | | 二级学科代码及名称 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | （申请学术学位填写）（内、外科学写到研究方向） | | | | | | | | | | | | | | | | |
| 专业领域及代码 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | （申请专业学位填写）（内、外科学写到研究方向） | | | | | | | | | | | | | | | | |
| **本人承诺：**以上所填写信息全部真实；不实信息造成的一切后果由本人负责。  **本人签名：**   **年 月 日** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 审核意见（包括对学员政治表现、是否同意报名等的意见）：  **单位负责人签字： 单位盖章**  **年 月 日** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |