**山东第二医科大学同等学力人员申请硕士学位报名表**

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| 姓名 | |  | | | | | 性别 | | |  | | | | 出生年月 | | | | |  | | | | | | | | | | 照片 |
| 身份证件号码 | | |  |  |  | |  |  |  | |  | |  | |  |  | |  | |  |  | |  |  |  |  | |  |
| 工作单位 | | |  | | | | | | | | | 职称/职务 | | | | | | | | | |  | | | | | | |
| 联系电话 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 通信地址 | | |  | | | | | | | | | | | | | | 邮政编码 | | | | | | | | | |  | | |
| 拟申请学院 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 拟申请硕士学位专业 | | | | | | 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 导师  推荐  （一） | 导师签字： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 导师  推荐  （二） | 导师签字： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 学科审核意见：  学科负责人： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 学院审核意见：  学院负责人： （学院盖章）  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |