附件1

潍坊医学院2023年第二学士学位招生报名申请表

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 |  | 性别 |  | | 民 族 | |  | 贴照片处 |
| 籍 贯 |  | 年龄 |  | | 联系电话 | |  |
| 身份证号码 |  | | | | 政治面貌 | |  |
| 家庭地址 |  | | | | | | |
| 毕业学校 |  | | | | 毕业专业 | |  | |
| 毕业时间 |  | | | | 所获学位 | |  | |
| 获奖和论文发表情况 |  | | | | | | | |
| 外语水平 |  | | | | | | | |
| 在校期间是否受过处分 |  | | | | | | | |
| 报考专业 |  | | | 本人签字 | | 年 月 日 | | |
| 学校招生领导小组审核意见 |  | | | | | | | |

附件2

潍坊医学院2023年第二学士学位招生报名汇总表

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| **姓名** | **性别** | **民族** | **籍贯** | | **年龄** | **联系电话** | **身份证号码** | **政治面貌** | **家庭地址** | **毕业学校** | **毕业时间** | **毕业专业** | **所获学位** | **获奖和论文发表情况** | **外语水平** | **在校期间是否受过处分** | **报考专业** |
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