**辽宁何氏医学院继续教育本科生学士学位外语考试报考表**

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| 姓名 | |  | | | | | 性别 | | | | |  | | | | 出生日期 | | | | | |  | | | | | | | 王宇232302199608092420 |
| 身份证件号码 | | |  |  |  |  | |  | | |  | |  | |  | |  |  |  | |  |  |  |  |  |  | |  |
| 入学年月 | | |  | | | | | | | 学制 | | | |  | | | | 学习形式 | | | | 自考 成考 | | | | | | |
| 现工作单位 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 邮政编码 | | |  | | | | | | 联系电话 | | | | | | |  | | | | | | | | | | | | |
| 通 信 地 址 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 考生个人简历 | 起 止 年 月 | | | | | | | | | 在何地、何部门、任何职务（从中学开始填写） | | | | | | | | | | | | | | | | | | | |
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| 拟申  请学  士学  位 | 学校代码 | | |  | | | | | | | | | | | | | | | | 本次报考 | | 外语课名称 | | | | |  | | |
| 学校名称 | | |  | | | | | | | | | | | | | | | |
| 专 业 | | |  | | | | | | | | | | | | | | | |
| **（以上各项由考生本人亲笔填写，他人代填无效）** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 审核意见（包括对报名资格和考试语种的意见）：    接受申请的学位授予单位盖章  审核人签字：  年 月 日  **注：成人本科生应于在学期间通过学士学位课程考试，毕业后不得参加学士学位课程考试。** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 报名点： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

注：本表一式二份，一份留学位授予单位存档；一份交考生报考使用。