附件1：

**川北医学院成人高等教育学位外语考试报名表**

报名编号： 学号：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 教学点名称 | | | | | | |  | | | | | | | | | | | | | | | | | | 相片 | | |
| 姓名 | |  | | | | | | | | | | 性别 | | | |  | | | | 民族 | |  | | |
| 专业 | |  | | | | | | | | | 身份证号 | | | | | |  | | | | | | | |
| 出生日期 | | |  | | | | | | | | | | 考生类别 | | | | | | | |  | | | |
| 学制 |  | | 入学时间 | | | | | |  | | | | | | | | | | 毕业时间 | | |  | | | | | |
| 工作单位 | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 通讯地址 | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 联系方式 | | 手机号 | | | | |  | | | | | | | | | | | | 座机号 | | |  | | | | | |
| 电子邮箱 | | | | |  | | | | | | | | | | | | QQ号 | | |  | | | | | |
| **（签字前，请认真核查上述内容）**  **我保证所提交的以上信息真实准确，并愿意承担上述信息虚假所带来的一切后果。**  **考生签名：**  **年 月 日** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **教学点核查情况** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 是否为我校学生 | | | | 是 | | 否 | | | | 姓名、性别、出生日期是否与证件一致 | | | | | | | | | | | | | | 是 | | 否 | |
| 所填证件号码是否与证件一致 | | | | | | | | | | | | | | 是 | 否 | | | 证件有效期 | | | | |  | | | | |
| 证件签发机关 | | | | |  | | | | | | | | | | | | | 是否提交证件复印件 | | | | | | | 是 | | 否 |
| 所粘贴相片是否真实 | | | | | | | | 核实人签名： | | | | | | | | | | | | | | | | | | | |
| 教学点领导意见 | | | | | | | | 签名：  盖章  年 月 日 | | | | | | | | | | | | | | | | | | | |

注：1、考试类别栏及“是”、“否”均用“√”填写

2、相片核实者需文字描述；教学点领导需签署是否真实意见，并加盖单位公章。

3、报名表、报名汇总表、考生证件复印件在规定时间内报继续教育学院。