附件1

**汕头大学2021年第二学士学位专业招生报名表**

考生号： 报名号：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **个人信息：** | | | | | | | | | | | | | | | | | | | |
| 姓名 |  | | | | | 性别 | | | | |  | | | | | 贴照片处：  1寸免冠照片 | | | |
| 籍贯 |  | | | | | 民族 | | | | |  | | | | |
| 出生日期 |  | | | | | 政治面貌 | | | | |  | | | | |
| 毕业学校 |  | | | | | 毕业时间 | | | | |  | | | | |
| 毕业专业 |  | | | | | 所获何种学位 | | | | |  | | | | | | | | |
| 毕业证书编号 |  | | | | | 学位证书编号 | | | | |  | | | | | | | | |
| 身份证号 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |
| 通讯地址 |  | | | | | 邮政编码 | | | | |  | | | | | | | | |
| 联系电话 |  | | | | | 移动电话 | | | | |  | | | | | | | | |
| 传真号码 |  | | | | | 电子邮箱 | | | | |  | | | | | | | | |
| **专业志愿** |  | | | | | | | | | | | | | | | | | | |
| **大学简历：** | | | | | | | | | | | | | | | | | | | |
| 时 间 | 学校名称 | | | | | 职 务 | | | | | | | | | | | | | |
|  |  | | | | |  | | | | | | | | | | | | | |
|  |  | | | | |  | | | | | | | | | | | | | |
| **家庭主要成员和主要社会关系：** | | | | | | | | | | | | | | | | | | | |
| 姓名 | 与本人关系 | | | | | 工作单位及职务 | | | | | 联系电话 | | | | | | | | |
|  |  | | | | |  | | | | |  | | | | | | | | |
|  |  | | | | |  | | | | |  | | | | | | | | |
|  |  | | | | |  | | | | |  | | | | | | | | |
|  |  | | | | |  | | | | |  | | | | | | | | |
|  |  | | | | |  | | | | |  | | | | | | | | |
| **奖惩情况：** | | | | | | | | | | | | | | | | | | | |
| 时 间 | 奖励或惩罚 | | | | | 授予单位名称 | | | | | | | | | | | | | |
|  |  | | | | |  | | | | | | | | | | | | | |
|  |  | | | | |  | | | | | | | | | | | | | |
|  |  | | | | |  | | | | | | | | | | | | | |
|  |  | | | | |  | | | | | | | | | | | | | |
| **个人陈述：**（请简要说明您修读第二学位专业的目的(可另附纸)） | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **签名栏：** | | | | | | | | | | | | | | | | | | | |
| 本人已明确汕头大学第二学士学位专业招生的报名条件和要求，并承诺以上所填报的所有信息和本人所提供的所有报名材料真实准确，内容完整。  　考生（承诺人）签名： 年 月 日 | | | | | | | | | | | | | | | | | | | |
| **考生所在学院推荐意见：** | | | | | | | | | | | | | | | | | | | |
| 学院负责人签名： 公 章：  2021年 月 日 | | | | | | | | | | | | | | | | | | | |
| **备注栏：** | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |

注：此表须用A4双面打印。