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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **附件2：**  **申请学士学位学生信息表** | | | | | | | | | | | | | | | | |
| 样表 | **学号** | **考生**  **号** | **姓名** | **性别** | **专业** | **学制** | **办学**  **类型** | **类别** | **招生**  **季节** | **培养**  **层次** | **入学**  **日期** | **身份**  **证号** | **民族** | **籍贯** | **出生**  **年月日** | **政治面貌** | **毕业**  **日期** | **联系**  **方式** |
| XXXX | XXXXX | XXXX | 男 | 临床医学 | 3 | 选 成人本科或自考 | 业余 |  | 本科 | 201503 | XXXXXX |  |  | 20180416 | 团员 | 201703 |  |