附件1

**华中科技大学同济医学院生殖健康研究所2020年优秀大学生学术夏令营申请表**

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| **基本信息** | | | | | | | | | | | | | | | | | | | | |
| 姓 名 | |  | | 性别 | |  | | | | 政治面貌 | |  | | | | 贴申请人近照 | | | | |
| 民 族 | |  | | 出生日期 | | |  | | | | | | | | |
| 电子邮件 | | |  | | | 婚姻状况 | | | | |  | | | | |
| 身份证号码 | | |  | | | | | | | | | | | | |
| 身高 | | |  | | | | | 体重 | | | | | | | |  | | | | |
| 手机号码 | | |  | | | 紧急联系人及电话 | | | | | | | |  | | | | | | |
| 本人通讯地址 | | |  | | | | | | | | | | 邮编 | | | |  | | | |
| 家庭住址 | | |  | | | | | | | | | | 邮编 | | | |  | | | |
| 家长信息（姓名、工作单位、联系电话） | | |  | | | | | | | | | | | | | | | | | |
| **教育背景** | | | | | | | | | | | | | | | | | | | | |
| 学校 | | |  | | | | | | 学校所在地 | | | | | | 省/市 | | | | | |
| 院系 | | |  | | | | | | 专业名称 | | | | | |  | | | | | |
| 预计毕业时间 | | | 年/月 | | | | | |  | | | | | |  | | | | | |
| 专业成绩 （附教务部门盖章成绩单） | | | | | | | | | | | | | | | | | | | | |
| 英语成绩（英语四、六级成绩、或TOEFL成绩、或GRE/GMAT成绩、） | | | | | | | | | | | | | | | | | | | | |
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| **已发表或录用的学术论文、论著列表** | | | | | | | | | | | | | | | | | | | | |
| 序号 | 论文或著作题目 | | | | | | | | | | 期刊名称、 卷/期、页码 | | | | | | | | | 作者排序 |
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| **参加科研项目情况** | | | | | | | | | | | | | | | | | | | | |
| 序号 | 科研项目名称 | | | | | | | | | | 年度 | | | | | 立项单位 | | | 承担角色 | |
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| **奖励与荣誉** | | | | | | | | | | | | | | | | | | | | |
| 时间（年） | | | | | 获得奖励与荣誉 | | | | | | | | | | | | | 授奖单位 | | |
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| **其他需说明的情况** | | | | | | | | | | | | | | | | | | | | |
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| **申请人声明**  我保证提交的申请表及全部申请材料真实、准确，若有任何弄虚作假行为，我愿意被拒绝申请或取消推荐免试资格并承担相应法律及道德责任。  特此声明！  申请人签名： 年 月 日 | | | | | | | | | | | | | | | | | | | | |

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| **个 人 简 历**  （对本人在校政治思想表现、学习情况、科研工作、业务能力的综合介绍） |