**四川大学医学类同等学力申请学位第二阶段学生登记表**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名** |  | | **性别** | |  | | | **出生日期** | | |  | | **专**  **业** | |  | |
| **工作单位及地址** | | |  | | | | | | | | | |
| **邮编** |  | | **联系电话** | | | |  | | | | | | | | | |
| **毕业院校** | |  | | | | | | | | | **学位证号** | | |  | | |
| **课程班证号** | |  | | | | **英语证号** | | |  | | | **综合证号** | | | |  |
| **第二阶段**  **培养单位** | | | |  | | | | | | | | | | | | |
| **导师姓名** | |  | | | **联系电话** | | | | |  | | | | | | |
| **课题培养费** | |  | | | **交费金额** | | | | |  | | **审核日期** | | | |  |