**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** |  |