**医学院·整合医学学院赴南方医科大学交换学生报名表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名** |  | | **性别** | |  | **班级** | |  | | **学号** |  | |
| **奖 惩**  **情 况** |  | | | | | | | | | | | |
| **既 往**  **病 史**  **情 况** |  | | | | | | | | | | | |
| **学生组织任职情况** |  | | | | | | | | | | | |
| **是否贫困生** | |  | | | | | **是否参加过分党校学习** | | | |  | |
| **学**  **业**  **成**  **绩** | 2019-2020学年第一学期 | **必 修 课 程** | | | | **成 绩** | |  | **平均绩点** | | |  |
|  | | | |  | |
|  | | | |  | |
|  | | | |  | | **专业排名** | | |  |
|  | | | |  | |
|  | | | |  | |
|  | | | |  | | **四级成绩** | | |  |
|  | | | |  | |
|  | | | |  | |
| **我自愿参加赴南方医科大学交换学习项目，清楚知晓学校对该项目的说明及要求，我对学校的组织安排无异议，交换期间一切行为后果自负。** | | | | | | | | | | | | |
| **本人签名** | | | |  | | | | | | | | |