**附件：江西医学院焕奎书院临床医学创新实验班择优增补申请表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **学号** | |  | **姓名** |  | | | **性别** |  | **出生日期** | | | |  | | |
| **学院/**  **班级** | |  | | **学生干部**  **经历** | | |  | | **政治面貌** | | | |  | | |
| **联系电话** | |  | | **家庭住址** | | |  | | | | | | | | |
| **已修课程平均学分绩点** | | |  | | **专业人数及排名** | | |  | | | | | | | |
| **贫困生建档情况** | | |  | | | | | | | | | | | | |
| **主要家庭成员/姓名** | | | **职业** | | | **工作单位** | | | | | | | | | |
| **父亲** | | |  | | |  | | | | | | | | | |
| **母亲** | | |  | | |  | | | | | | | | | |
| **奖励或处分情况** | | |  | | | | | | | | | | | | |
| **申请理由及未来学业/职业规划等：**  **申请人：** | | | | | | | | | | | | | | | |
|  | | | | | | | |  | | **年** |  | **月** | |  | **日** |
| **在校期间表现** | **辅导员签字：**  **年 月 日** | | | | | | | | | | | | | | |
| **所在学院意见** | **负责人签字：**  **（学院盖章）**  **年 月 日** | | | | | | | | | | | | | | |