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| |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 姓名 |  | 性别 | |  | 民族 |  | | **1寸照片** | | 政治面貌 |  | | | 联系电话 |  | | | | 身份证  号码 |  | | | | | | | | 学号 |  | | 专业  （研究方向） | |  | | | | | 是否为我校应届本科毕业生第一志愿报考本校兼职  研究生导师的研究生 | | | | | 是 否 | | | | | 我校导师  姓名 |  | | | | 联系电话 |  | | | | 联合培养  学校名称 |  | | | 导师姓名 |  | 联系电话 |  | | | 联合培养研究生起止  时间 |  | | | 在我校就读起止时间 |  | | | | | 备注 |  | | | | | | | | | 联合培养研究生的计划（项目、课题名称及主要内容）：    签字：  年 月 日 | | | | | | | | | |

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