**2020级新生入学资格复查学生登记表**

**系： 专业： 学号：\_\_\_\_ 日期：\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓 名** | | |  | | | | | | **性别** | |  | | **民族** | |  | | **照 片** |
| **政治面貌** | | |  | | **籍贯** | |  | | | | | | | | | |
| **出 生**  **年月日** | | |  | | **身高** | |  | | | **体重** |  | **有何特长** | |  | | |
| **家庭详细通讯地址** | | | | |  | | | | | | | | | | | | |
| **入学考试考生号** | | | | |  | | | | | | | | | **考生类别** | | |  |
| **毕 业 中 学** | | | | |  | | | | | | | | | **家庭电话** | | |  |
| **本**  **人**  **简**  **历** | **起止时间** | | | | | | | **在何单位学习或工作** | | | | | | | | **证明人姓名** | |
|  | | | | | | |  | | | | | | | |  | |
| **家**  **庭**  **主**  **要**  **成**  **员** | **姓名** | | | **性别** | | **年龄** | | **与本人关系** | | | | | | **现 在 何 处 工 作** | | | |
|  | | |  | |  | |  | | | | | |  | | | |
| **系部**  **审查**  **结论** | | **审查情况：**  **审查结论：**  **系复查工作组长签字：\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **2020年10月 日** | | | | | | | | | | | | | | | |
| **备注** | |  | | | | | | | | | | | | | | | |