附件1：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **吉林大学白求恩第二临床医学院2024年高校本科生辅导员访学报名表** | | | | | | | | | | | | | |
| 姓名 |  | | 性别 | | |  | | | | 手机号 |  | | |
| 学校、学院 |  | | | | | | 身份证号 | | | |  | | |
| 职务 |  | | | 职称 | | |  | | | | | | |
| **是否带学生** | | | | | **是 □ 否 □** | | | | | | | | |
| **学生1姓名** | |  | | | **学生1性别** | | |  | | | | | |
| **学生1专业** | |  | | | **学生1年级** | | |  | | | | | |
| **学年成绩排名** | |  | | | | | | **手机号** | | | | |  |
| **特长** | |  | | | | | | | **身份证号** | | | |  |
| **学生2姓名** | |  | | | **学生2性别** | | |  | | | | | |
| **学生2专业** | |  | | | **学生2年级** | | |  | | | | | |
| **学年成绩排名** | |  | | | | | | **手机号** | | | |  | |
| **特长** | |  | | | | | | | **身份证号** | | |  | |