**福建医科大学线上国际交流项目申请表**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名**  **（中文）** |  | | | **性别** | |  | **出生日期** | | |  | **照**  **片** |
| **姓名**  **（拼音）** |  | | | **出生地** | |  | **身份证号** | | |  |
| **政治面貌** | |  | | | | | **学号** |  | | |
| **所在学院、 专业、年级** | |  | | | | | | | | |
| **专业水平** | | **专业排名(名次/专业学生总人数)** | | | | | | |  | | |
| **综合排名(名次/专业学生总人数)** | | | | | | |  | | |
| **外语水平** | |  | | | **熟练程度/证书** | |  | | | | | |
| **报名项目及时间** | |  | | | | | | | | | |
| **手机+微信+QQ** | |  | | | | | | | | | |
| **校内通讯地址** | |  | | | | | | | | | |
| **家庭居住地址** | |  | | | | | | | | | |
| **紧急情况联系人** | |  | | | | | **联系人电话** | | | | |
| **社会实践**  **经历或担 任学生干 部情况** | | |  | | | | | | | | |
| **奖惩情况** | | |  | | | | | | | | |