**湖北中医药大学学生登记表**

继续教育学院 专业： 年级： 层次：

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| 姓 名 | | | |  | | | 性别 | |  | | | 出生年月 | | |  | | | 蓝底电子登记照 |
| 籍 贯 | | | | 省 县（市） | | | | | | | | 民族 | |  | 婚否 | |  |
| 身份证号 | | | |  | | | | | | | | | | 政治面貌 | | |  |
| 邮政编码 | | | |  | | | | 电话 | | |  | | | | | | |
| 详细通讯地址 | | | |  | | | | | | | | | | | | | | |
| 简 历 | 起止年月 | | | | | 在何单位学习、工作 | | | | | | | | | | | | 职 务 |
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| 家庭主要成员 | 称 谓 | | | | 姓 名 | | | | | 年龄 | | | 政治面貌 | | | 在何单位学习、工作 | | |
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| 学籍  异动 | |  | | | | | | | | | | | | | | | | |
| 毕业年月 | | |  | | | | | | | | | | | | | | | |
| 备注 | | 本表所填信息由本人手写，信息真实、准确，若因上述信息不准确造成的一切后果由本人承担。  学生签字： | | | | | | | | | | | | | | | | |

教学站点（盖章） 年 月 日填

填表说明：1.本表一式两份，一份入学生档案袋，一份存学校档案馆。

2.本表应由学生本人填写，填写内容必须真实、准确，归档后所填内容不能进行更改。