附件1：

**武汉大学基础医学院本科生科研导师学生申请表**

填报时间

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **学号** |  | **姓名** |  | **性别** |  | | **年龄** | |  |
| **籍贯** |  | | **高中毕业学校** |  | | | | | |
| **联系电话** |  | | **电子邮箱** |  | | **QQ号码** | |  | |
| **兴趣爱好** |  | | | | | | | | |
| **英语水平** |  | | | | | | | | |
| **学习成绩** | **GPA** |  | | **班级排名** |  | | **不及格情况** | |  |
| **本人学习经历** | | | | | | | | | |
|
| **志愿填报** | | | | | | | | | |
| **志愿** | **导师姓名** | | **教研室** | **导师研究方向** | | | | | |
| **志愿1** |  | |  |  | | | | | |
| **志愿2** |  | |  |  | | | | | |
| **志愿3** |  | |  |  | | | | | |
| **导师意见:** | | | | | | | | | |
|
| **学院意见:** | | | | | | | | | |