附件2

沈 阳 师 范 大 学

同等学力申请硕士学位登记表

培养单位名称：沈阳师范大学 填表日期： 年 月 日

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 姓名 | |  | 性别 | | |  | | | 出生日期 | | | | | | |  | | | | | | | | 照  片 | | | | | | |
| 民族 | |  | 籍贯 | | | 省（区、市） 市（县） | | | | | | | | | | | | | | | | | |
| 政治  面貌 | |  | 职称或职务 | | | | | |  | | | | | | | | | | | | | | |
| 身份证号码 | | |  |  |  | |  |  | |  |  | | |  |  | |  |  |  | | |  |  | |  | |  |  |  | |
| 现工作单位及具体部门 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 本人详细通讯地址 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 本人联系电话 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 学  历  学  位  信  息 | 最后学历 | |  | | | | | | | | | 毕业时间 | | | | | | | |  | | | | | | | | | |
| 学位 | |  | | | | | | | | | 外语语种 | | | | | | | | |  | | | | | | | | | |
| 毕业学校 | |  | | | | | | | | | 所学专业 | | | | | | | | |  | | | | | | | | | |
| 毕业证书编号 | |  | | | | | | | | | 学位证书编号 | | | | | | | |  | | | | | | | | | |
| 报考专业代码 | | |  | | | | | | | | | | 专业名称 | | | | | | | |  | | | | | | | | | |
| 个 人 简 历（自 高 中 开 始） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 工作单位审查意见：  工作单位（盖章） 审核人签字：  年 月 日 |
| 培养单位审查意见：  培养单位（盖章） 审核人签字：  年 月 日 |
| 学校（研究生院）审核意见：  盖章 审核人签字：  年 月 日 |
| 备注： |