附件2：

**重庆医科大学2024年第二学士学位报名一览表**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名** | **性别** | **出生年月** | **身份证号** | **毕业****学校** | **毕业专业** | **毕业证编号** | **获得学士****学位时间** | **获得学士****学位编号** | **报考第二学士学位专业** | **英语四级****成绩** | **英语六级****成绩** | **联系方式****（手机号码）** |
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