附件2：

**重庆医科大学2024年第二学士学位报名一览表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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）** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |