**湖北大学2019年在职人员报考MPA志愿调剂申请表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 姓名 |  | | | | | | 性别 | | |  | | | | 出生日期 | | | | 年 月 日 | | | | | | | 民族 | | | | | | | | |  | | | |
| 身份证件号码 | | |  | |  |  | | |  | |  | |  | |  | |  | |  | |  |  |  | | | |  | |  | | |  | | |  |  |  |
| 现工作单位 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | 备注 | | | | |  | | | | |
| 职务 |  | | | | | | | | | | | | | | | 职称 | | | |  | | | | | | 政治面貌 | | | | | | | |  | | | |
| 参加工作时间 | | | | 年 月 | | | | | | | | 所在单位性质 | | | | | | | |  | | | | | 电子信箱 | | | | | |  | | | | | | |
| 本人联系电话（固定/移动） | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 通信地址（邮编） | | | | ( ) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 教育及工作简历 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 最后学历 | | 年　月 毕业于　　 　 学校 　 专业 | | | | | | | | | | | | | | | | | | | | | | 证书编号 | | | | | |  | | | | | | | |
| 最后学位 | | 年　月获 学校 　专业　 学学士学位 | | | | | | | | | | | | | | | | | | | | | | 证书编号 | | | | | |  | | | | | | | |
| 考试成绩 | | 综合知识 外国语 总分 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 考生申请：  本人申请调剂到 ，保证以上所填内容完全属实。    考生签字：    年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 同意接受。  接受单位盖章：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**注：1、本表须由考生本人如实填写，否则所产生的一切后果由考生本人负责。**

**2、学历学位等相应信息请一律按照所获证书上内容填写。如证书上号码多于一个，上表中各证书编号栏请填写注册号；如无注册号，请填写证书上的“证书编号”或“学校编号”等由发证院校（科研单位）编排的号码。通过自学考试获得毕业证书者，“毕业学校”请填写相应省（市）自学考试委员会。**

**3、此申请表一式两份，分别由申请调剂单位、本人各留存一份，复印有效。**