四川省成人高等教育本科毕业生学士学位申请表

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| 姓名 | |  | | | | | 性别 | |  | | 出生  年月 |  | 民族 | |  | 入学时间 | | |  | | 毕业时间 |  | | 照片 | |
| 毕业  学校 | | 西南医科大学 | | | | | | | | | 本科专业名称及代码 | | XX专业 | | | | | | | | | | |
| 毕业生  类 别 | | | 成人  √ | | | 自考 | | 网络 | | | 拟授予学士学位门类 | | | | | | |  | | | | | |
| 通信地址及邮编 | | | | | | | |  | | | | | | | | | | | | | | | |
| 教学计划规定的全部考试课程成绩 | 序号 | | | 课程名称 | | | | | | | | | | 成绩 | | | 序号 | | | 课程名称 | | | | | 成绩 |
|  | | | 以下不填 | | | | | | | | | |  | | |  | | |  | | | | |  |
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| 校学位办审核人签字： | | | | | | | | | | | | | | | | | 成教部门审核人签字： | | | | | | | | |