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| **2020年在职研究生报名登记表** | | | | | | | | | | | | | |
| **姓 名** |  | | **报考专业** | |  | | | | **报名序号** | | **（无需填写）** | | |
| **性 别** |  | | **民 族** | |  | | | | **籍 贯** | |  | | |
| **出生年月** |  | | **政治面貌** | |  | | | | **入党时间** | |  | | |
| **身份证号** |  | | | | | | | | **工作时间** | |  | | |
| **学 历** |  | | **学 位** | |  | | | | | | | | |
| **工作单位** |  | | | | | | | | | | | | |
| **职务职级** |  | | | | | | **职称** | | |  | | | |
| **办公电话** |  | | | **移动电话** | |  | | | | **邮 编** | |  | |
| **通讯地址** |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **是否免试 （在是否后划“√”）** | | **是** | |  | **免试条件** | | |  | | | **否** | |  |