**湖南信息学院留校实习申请审批表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 董事长批示： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓名 |  | | 性别 | | |  | | 民族 | | |  | | | | 籍贯（县） | | | | |  | | | | | | 2寸近照 | | | | | |
| 出生  年月 |  | | 政治面貌 | | |  | | 身高 | | |  | | | | 辅导员 姓名 | | | | |  | | | | | |
| 体重 | | |  | | | |
| 高校  阶段  第一  学历 | 学历 学位 |  | | | | | | 高校  阶段  最高  学历 | | | 学历 学位 | | | |  | | | | | | | | | | |
| 专业 |  | | | | | | 专业 | | | |  | | | | | | | | | | |
| 毕业 学校 |  | | | | | | 毕业  学校 | | | |  | | | | | | | | | | |
| 毕业 时间 |  | | | | | | 毕业  时间 | | | |  | | | | | | | | | | |
| 家庭  住址 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 申请实习时间 |  | | | | | | 身份  证号 |  |  |  | |  | |  |  |  | |  |  | |  |  |  | |  | |  |  |  |  |  |
| 申请实习部门及岗位 |  | | | | | | | | | | | | | | 联系  电话 | |  | | | | | | | | | | | | | | |
| 教  育  经  历 | 起止年月 | | | 学校名称 | | | | | | | | | | | 学科专业 | | | | | | | | | 学历学位（性质） | | | | | | | |
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| 在校 担任 学生  干部  经历 | 起止年月 | | | 工作部门 | | | | | | | | | | | 工作岗位 | | | | | | | | | 证明人及联系方式 | | | | | | | |
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| 家庭 主要 成员 | 姓名 | | | 称谓 | | 工作单位 | | | | | | | | | 职务 | | | | | | | | | 联系方式 | | | | | | | |
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| 在校 所获 荣誉 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 二级 学院 推荐 意见 | 辅导员推荐意见：  辅导员签字： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 书记签字： | | | | | | | | | | | | 院长签字： | | | | | | | | | | | | | | | | | | |
| 面试  小组  综合  意见 | 面试形象 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 工作重点把握 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 综合评价意见：  负责人签字： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 面试小组  成员签名： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 审  批  意  见 | 部门意见：  负责人签字： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 主管校领导意见：  负责人签字： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 主管人事校领导意见：  负责人签字： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |