附件一：**中国科学院声学研究所东海研究站**

**硕士研究生调剂申请表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名** | | |  | | | | **性别** | |  | | **政治面貌** | |  | |
| **毕业学校** |  | | | | **毕业专业** | | |  | | | | **毕业时间** | |  |
| **学历、学位** | |  | | **报名点**  **代码** | |  | | | **身份证号** | |  | | | |
| **一志愿报考学校** | | |  | | | | | | **考生编号** | |  | | | |
| **一志愿报考专业** | | |  | | | | | | **考试科目**  **及成绩** | **政治** | | |  | |
| **申请调剂专业** | | |  | | | | | | **英语一** | | |  | |
| **大学英语级别** | | |  | | | | | | **专业一（数学一）** | | |  | |
| **身体健康状况** | | |  | | | | | | **专业二（）** | | |  | |
| **婚姻状况** | | |  | | | | | | **总分** | | |  | |
| **考生详细通信地址及邮政编码** | | |  | | | | | | | | | | | |
| **考生联系电话及电子邮件信箱** | | |  | | | | | | | | | | | |
| **本人的经历简况和奖惩情况** | | |  | | | | | | | | | | | |
| **是否能在规定的时间将调剂材料寄到** | | |  | | | | | | | | | | | |
| **接收调剂招生单位审查意见** | | |  | | | | | | | | | | | |