**南京中医药大学硕士研究生**

**导师双向选择志愿表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓 名** | |  | | **性别** | | |  | | | **身份证号** | |  | |
| **民 族** | |  | **籍贯** | |  | | | | **婚否** |  | | **政治面貌** |  |
| **本科毕业院校、专业及**  **毕业时间** | |  | | | | | | | | | | | |
| **外语能力**  **（如CET-4、CET-6等）** | |  | | | | | | | | | | | |
| **本人过去的科研情况（如毕业论文、发表的文章、承担或参与的科研课题等）** | |  | | | | | | | | | | | |
| **本**  **人**  **志**  **愿** | **意向导师姓名（按意愿顺序填写）** | | | | | | | | | | | | |
| **1** | | | | | **2** | | | | | **3** | | |
|  | | | | |  | | | | |  | | |
| **如没被意向导师录取，是否愿意服从调剂** | | | | | | | **愿意（ ） 不愿意（ ）** | | | | | |
| **导师意见** | **导师签字：**  *说明：请愿意接受该生的导师签字* | | | | | | | | | | | | |

**招生单位意见：**

**（盖章）**