附件2

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| **鹽城暑期實習申請表** | | | | | | | | | | | | | | | | | |
| 中文姓名 | | | |  | | 性別 | |  | | 出生年月日 | | |  | | | | 粘貼照片 |
| 目前就讀學校 | | | |  | | | | 院（系） | | | | |  | | | |
| 目前就讀年級 | | | |  | | | | 學生類型（本科生或碩士生或博士生） | | | | | | | | |  |
| 申請實習單位 | | | |  | | | | | | | 申請實習崗位 | | |  | | | |
| 興趣愛好  及特長 | | | |  | | | | | | | | | | | | | |
| 聯繫電話 | |  | | | | Email | | |  | | | | | | | | |
| 家庭住址 | |  | | | | | | | | | | | 證件號碼 | |  | | |
| 健康狀況 | |  | | | | 有無任何用藥或是醫療需求 | | | | | | |  | | | | |
|  | | | | | | | | | | | | | | | | | |
| 緊急聯絡人 | | |  | | | 與申請人關係 | | | | | | |  | 電話 | |  | |
|  | | | | | | | | | | | | | | | | | |
| 目前就讀院校聯絡人 | | | | |  | | 所在部門及職務 | | | | |  | | | | | |
| Email |  | | | | | | | | | | | | 電話 |  | | | |
| 其他需要說明的事項 |  | | | | | | | | | | | | | | | | |