## 数学学院新入学研究生“双选”申请表

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| --- | --- | --- | --- | --- |
| **学生姓名** |  | **学号** | |  |
| **专业** |  | | | |
| **联系电话和电子邮件** |  | | | |
| **导师姓名** |  | **工号** | |  |
| **专业** |  | | | |
| **联系电话和电子邮件** |  | | | |
| **是否同意调剂** | **是□ 否□** | | | |
| **导师签名** |  | | **学生签名** |  |
| **学院学位评定分委员会意见** |  | | | |