**检验医学院、生物工程学院迈瑞创新创业奖申请审批表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **基本情况** | 姓名 |  | | | | 性别 | |  | | | | 出生年月 | | |  | | | | | |
| 政治面貌 |  | | | | 民族 | |  | | | | 入学时间 | | |  | | | | | |
| 专业 |  | | | | 班级 | |  | | | | 联系电话 | | |  | | | | | |
| 身份证号 |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |
| **学习情况** | 成绩排名： / （名次/总人数） | | | | | | | | | 量化得分： （分） | | | | | | | | | | |
| **主要成果**  **（填写具体量化得分项目及级别）** | 奖项名称 | | | | | | | | | 颁奖单位 | | | | | | | | | | |
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| **申请理由** | 申请人签名：  年 月 日 | | | | | | | | | | | | | | | | | | | |
| **学院意见** | （检验医学院公章）  年 月 日 | | | | | | | | | | | | | | | | | | | |
| **评审委员会意见** | 签名：  年 月 日 | | | | | | | | | | | | | | | | | | | |