** 九天飞行学院2025自费招飞报名登记表**

报名日期： 年 月 日

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **学员基本信息** | | | | | | | | | | | | | | |
| 姓 名 |  | | | | | 性 别 | | |  | | | |  | |
| 出生年月 |  | | | | | 身份证号 | | |  | | | |
| 学 历 |  | | | | | 邮 箱 | | |  | | | |
| 民 族 |  | | | | | 联系电话 | | |  | | | |
| 毕业院校 |  | | | | | | | | | | | | | |
| 所学专业 |  | | | | | 籍 贯 | | |  | | | | | |
| 英语等级 | CET-4 \_\_\_\_\_分； CET-6 \_\_\_\_\_分；雅思 \_\_\_\_\_分； 其他： 无 | | | | | | | | | | | | | |
| **学习工作经历** | | | | | | | | | | | | | | |
| 入学时间 | 毕业时间 | | 学历 | | 学位 | | 毕业院校 | | | | 所学专业 | | | |
|  |  | |  | |  | |  | | | |  | | | |
|  |  | |  | |  | |  | | | |  | | | |
| **身体基本情况** | | | | | | | | | | | | | | |
| 身高 | CM | 体重 | | | KG | | | 纹身 | | 有/无 | | 鼻炎 | |  |
| 乙肝表抗 |  | | | | 视力矫正手术 | | | | |  | | | | |
| 视力 | 左眼 | | | 右眼 | | | | 血压  脉搏 | |  | | | | |
| 色觉 |  | | | | | | |
| 手术史 |  | | | | | | | | | | | | | |
| **评定** | | | | | | | | | | | | | | |
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