**附件1：**

**先正达齐尔顿研究生奖学金申请表**

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| **姓名** | |  | **性别** | |  | | **出生日期** |  |
| **电子邮箱** | |  | | | **手机号** | |  | |
| **院系/研究所** | |  | | | | | | |
| **年级** | |  | | | **研究方向** | |  | |
| **申请人教育及研究经历** | | | | | | | | |
|  | | | | | | | | |
| **申请人发表文章及授权专利** | | | | | | | | |
|  | | | | | | | | |
| **申请人获得奖励荣誉情况** | | | | | | | | |
|  | | | | | | | | |
| **推荐信内容** | | | | | | | | |
| **推荐人签字：**  **导师签字：**    **（如果推荐人同时为导师，签一次即可。）** | | | | | | | | |
| **推荐人** |  | | | **联系方式** | | （邮箱、手机号） | | |
| **导师** |  | | | **联系方式** | | （邮箱、手机号） | | |