**先进航空发动机交叉学科班申请表**

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| **姓名** |  | **性别** |  | **年龄** |  | **民族** |  | **联系方式** |  |
| **本科所在院校** | |  | | | | | | | |
| **本科所学专业** | |  | | | | | | | |
| **本科排名** | |  | | | | | | | |
| **申请交叉的**  **学科名称** | |  | | | | | | | |
| **拟报考导师姓名 （非动力学院导师）** | |  | | | | | | | |