附件2

2017年高校新教师岗前培训参训人员报名表

单位（部门）： （加盖公章） 联系人： 联系电话/手机：

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| 序号 | 姓名 | 性别 | 出生  年月 | 所在部门  及目前岗位 | 学科专业 | 最高  学位 | 毕业  时间 | 入校  时间 | 教学经历（月） | 手机 | 电子邮箱 | 身份证号码 | 职业  导师 | 备注 |
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