附件2

优秀研究生指导教师推荐人选汇总表

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| **单位名称（盖章）： 填表时间： 年 月 日** | | | | | | | | | | | | | | |
| **序号** | **姓名** | **性别** | **出生**  **年月** | **专业技术职务** | **导师**  **类别** | **学历** | **学位** | **工作单位** | **所在院系** | **聘任硕导时间** | **聘任博导时间** | **一级学科**  **（专业学位类别）名称** | **一级学科**  **（专业学位类别）代码** | **所获人才称号** |
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| **以上信息均经过认真审核，真实可靠，准确无误。** | | | | | | | | | | | | | | |
| **研究生培养单位负责人签字： 填表人签字： 联系电话： E-mail：** | | | | | | | | | | | | | | |  |