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| 附件3 | |  |  |  |  |  |  |  |
| 青年骨干教师教学能力提升高级研修班  报名汇总表 | | | | | | | |  |
| 填报单位（公章）： 单位负责人（签字）： 工作联系人及联系方式： | | | | | | | |  |
| **派出意向排序** | **姓名** | **性别** | **现学历及学位** | **专业技术职务** | **教龄** | **授课课程** | **教学获奖** | **联系电话** |
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| 注：本表电子版发送至邮箱：cdutcm\_fzzx@163.com，纸质版报送至教师发展中心 | | | | | | | |  |