附件3

**工学一体化教师培训申请汇总表**

填表单位： （盖章） 填表日期：

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| **序号** | **姓 名** | **性别** | **身份证号码** | **所在单位** | **所在专业** | **联系方式** |
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联系人： 联系电话：