**附件2**

**第一临床医学院2017级兼职本科生班主任报名表**

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| **教研室/科室** | **姓名** | **性别** | **年龄** | **学历** | **政治****面貌** | **职 称** | **教师证****有/无** | **手机号与邮箱** |
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请于2018年6月6日前将报名表发送至电子邮箱ldyyxsgl@163.com

**欢迎我院中青年临床教师积极主动报名。**