**专业认证专题培训讲座人员名单**

院(部/中心)：

**【注】　拟请假者也需填报！**

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| 序号 | 培训讲座人员 | 拟出席情况 |
| 姓名 | 类型(请打“🗸”选择，**可复选**) | (打“🗸”选择**限选1项**) | 请假缘由(**请假者须填**) |
| 副院长(主任) | 系(室)主任 | 专业负责人 | 团队负责人 | 认证专业教师 | 拟出席 | 拟请假 |
| 1 |  |  |  |  |  |  |  |  |  |
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| 15 |  |  |  |  |  |  |  |  |  |

经办人：　　　　　　　　教学副院长(主任)：　　　　　　　　院(部/中心)盖章