**安徽省2024年职业院校教师素质提高计划省级配套项目（高职项目）学员信息汇总表**

派出学校：（盖章） 管理单位： 填报日期：

联系人： 办公电话： 手机： 电子邮箱：

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| **序号** | **姓 名** | **工作单位** | **性别** | **年龄** | **教龄** | **学历** | **职称** | **所教专业** | **培训专业** | **联系电话（手机）** | **备注** |
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