**长春大学“地方合作项目教师公派出国研修项目”汇总表**

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| **院部名称** | **姓名** | **性别** | **出生年月** | **职务** | **职称** | **学历学位** | **计划留学院校及专业** | **手机** |
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填报单位： 联系人： 电话： 手机：