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| **附件：**  **长春大学孔子学院骨干教师备案表** | | | | | | | | | | | | | | | | | | | | | | | | |
| **个人简况** | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓名 | |  | | | 性别 | | | | |  | | | 出生日期 | | | | | |  | | | | | 照片 |
| 政治面貌 | |  | | | 民族 | | | | |  | | | 婚姻状况 | | | | | |  | | | | |
| 身份证号码 | |  | | | | | | | | | | | 出生地 | | | | | |  | | | | |
| 所属院（部） | |  | | | | | | | | | | | 最后学历/学位 | | | | | |  | | | | |
| 专业技术职称 | | | | | |  | | | | | | | 行政职务 | | | | | | | | | | |  |
| 家庭电话 | |  | | | | | | 手机 | | | | |  | | | | | | 电子邮件 | | | | |  |
| 通信地址 | |  | | | | | | | | | | | | | | | | | 邮政编码 | | | | |  |
| **配偶情况** | | | | | | | | | | | | | | | | | | | | | | | | |
| 配偶姓名 | | | | | 工作单位 | | | | | | | | | | | | | | 手机/联系电话 | | | | | |
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| **外语能力** | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | 语种 | | | | | | | | | | | | | | | | 证书等级 | | | | | |
| 第一外语 | | |  | | | | | | | | | | | | | | | |  | | | | | |
| 第二外语 | | |  | | | | | | | | | | | | | | | |  | | | | | |
| 普通话 | | | | | | | | | | | | | | | | | | |  | | | | | |
| **受教育经历（从大学填起）** | | | | | | | | | | | | | | | | | | | | | | | | |
| 就读学校 | | | | 专业 | | | | | | | 起止时间（年/月） | | | | | | | | | | | | 所获学历、学位 | |
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| **国内工作经历** | | | | | | | | | | | | | | | | | | | | | | | | |
| 工作单位 | | | | | | | 起止时间（年/月） | | | | | | | | | | 工作内容 | | | | | | | |
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| **国外工作经历** | | | | | | | | | | | | | | | | | | | | | | | | |
| 国家 | 工作单位 | | | | | | | | | 起止时间（年/月） | | | | | | | | | | | 工作内容 | | | |
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| **在国内学校接受业务培训情况** | | | | | | | | | | | | | | | | | | | | | | | | |
| 培训单位 | | | | | | | | | | 起止时间（年/月） | | | | | | | | | | | | 培训内容 | | |
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| **本人著作、论文和参加学术活动情况** | | | | | | | | | | | | | | | | | | | | | | | | |
| 著作、刊物、论文名称 | | | | | | | | | | | | | | | | 时间 | | | | | | | | |
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| **获得国际汉语教师证书及其它情况** | | | | | | | | | | | | | | | | | | | | | | | | |
| 证书名称 | | | | | | | | | 获得时间 | | | | | | | | | | | 证书等级 | | | | |
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| **本人承诺上述所填内容及提交的其他材料真实无误，如上述信息虚假不实，愿意承担由此造成的一切责任和后果。**  申请人签字： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | |
| **院（部）审批意见** | | | | | | | | | | | | | | | | | | | | | | | | |
| 院(部)负责人签字： 院部盖章  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | |
| **学校审批意见** | | | | | | | | | | | | | | | | | | | | | | | | |
| 校领导签字： 学校盖章  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | |