**新乡医学院硕士研究生指导教师资格审批表**

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| **姓名** | | **​** | | | **性别** | | **​** | | **出生年月** | | **​** | | |
| **所在研究生培养单位** | | | | | **​** | | | | **专业技术职称** | | | **​** | |
| **评定职称时间** | | | **​** | |
| **申报一级学科名称就及导师类型** | | | | | **​** | | | | | | | | |
| **最后学历、学位**  **（包括毕业时间、学校、专业）** | | | | | | **​** | | | | | | | |
| **第一外语** | | | | **​** | | | | **熟练程度** | | **​** | | | |
| **参加学术团体及职务** | | | | **​** | | | | | | | | | |
| **近三年科研工作主要情况（包括科研项目获奖或鉴定、发表论文、出版教材、发明专利）** | | | | | | | | | | | | | |
| **序号** | **时间** | | **成果名称** | | | | | **成果鉴定、获奖部门及等级、发表刊物及出版单位（学术论文标明卷、期、页码以及收录情况）** | | | | | **本人排名** |
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| **目前承担的主要科研项目** | | | | | | | |
| **项目名称** | | **项目来源** | **起止时间** | **本人排序** | | **本人每年可支配经费数（万元）** | |
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| **近三年主讲的研究生课程** | | | | | | | |
| **时间** | **课程名称** | | | | **学分** | | **授课对象** |
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| **院系意见：**  **负责人签字：**  **年 月 日** | | | | | | | |
| **研究生处审核意见：**      **负责人签字：**  **年 月 日** | | | | | | | |
| **学位评定分委员会人数 名； 出席委员 名；**  **同意申报硕士生导师 名； 不同意申报硕士生导师 名；弃权 名；** | | | | | | | |
| **经审核，该教师（□符合 □不符合）硕士生指导教师任职资格条件，（□同意**  **□不同意）作为硕士生指导教师。**  **负责人签字（盖章）：**  **年 月 日** | | | | | | | |

**注：对不同意者如有具体意见可附页。**