**“我最喜爱的本科生导师”评选申请表**

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| 姓名 |  | | | 性别 |  | | 学院 | |  | |
| 职务 |  | | | 职称 |  | | 电话 | |  | |
| 本科生导师工作主要事迹（限800字以内） | | | | | | | | | | |
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| 学生信息 | | | | | | | | | | | |
| 姓名 | | 学号 | 电话 | | | 姓名 | | 学号 | | 电话 | |
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| 学院  推荐  意见 | | 院长签字 学院盖章 年 月 日 | | | | | | | | | |
| 专家  评审  意见 | | 组长签字 年 月 日 | | | | | | | | | |
| 学校  审核  意见 | | 年 月 日 | | | | | | | | | |
| 备注 | |  | | | | | | | | | |