湖州师范学院艺术硕士研究生

校外实践导师资格申请表

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| **学位点依托单位** | |  | | | | | | | |
| **申请专业** | |  | | | | | | | |
| **姓　名** |  | | **性别** | |  | **身份证号码** | |  | |
| **学　历** |  | | | **学　位** | |  | **毕业时间** | |  |
| **毕业学校、专业** |  | | | | | | | | |
| **从事专业** |  | | | | | | **职　称** | |  |
| **所在单位** |  | | | | | | **职　务** | |  |
| **电子邮箱** |  | | | | | | **联系电话** | |  |
| **主要研究方向及成果：** | | | | | | | | | |
| **本人简历（大学开始）：** | | | | | | | | | |
| **申请人所在单位推荐意见：**  **签 章**  **年 月 日** | | | | | | | | | |
| **学位点依托单位学术分委员会推荐意见：**  **签 章**  **年 月 日** | | | | | | | | | |
| **学校审批意见：**  **签 章**  **年 月 日** | | | | | | | | | |