附件2

“智能制造学科专业开发与教学创新”培训班（新加坡）报名汇总表

推荐单位：（盖章） 联系人： 手机：

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| **姓名** | **性别** | **所在院系部门** | **所在专业** | **学历/学位** | **技术职称** | **行政职务** | **联系电话** | **QQ号** |
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