附件 4

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| 序号 | 单位 | 姓名 | 性别 | 出生年月日 | 最高学历 | 最高学位 | 专业技术职务 | 申请项 目（详见本通知附件 1） | 申报国别 | 申报留学单位 | 申报留学专业 | 申报留学身份 | 申报留学期限  （月） | 外语是否符合条件 | 外语合格类别 | 手机号码 | 备注 |
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2025年地方创新子项目申报人员汇总表

学院负责人签字： 经办人： 联系电话：

盖章