**附件2：**

南京医科大学2017年留学生师资海外培训进修申请表

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **单位** |  | | | | | **系（科）室** | | | |  | |
| **姓名** |  | **性别** |  | | | | | **出生日期** | | |  |
| **学历/学位** |  | | | **职称职务** | | | | |  | | |
| **讲授课程** |  | | | | | | | | | | |
| **联系电话** |  | | | | **邮箱** | |  | | | | |
| **联系地址** |  | | | | | | | | | | |
| **教学简历（从事留学生教学起止时间及教授课程）、曾获奖励：** | | | | | | | | | | | |
| **推荐单位意见：**  推荐单位（章）： 单位负责人签名  年 月 日 | | | | | | | | | | | |