**中国科学院长春光机所**

**达到最高招生年限指导教师招生指标申请表**

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| **姓名** | |  | | **性别** |  | | |
| **出生年月** | |  | | **专业职称** |  | | |
| **电子信箱** | |  | | **联系电话** |  | | |
| **在研重大项目** | **序号** | **项 目 名 称** | | **项目来源** | **起止**  **时间** | **科研**  **经费** | **本人**  **角色** |
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| **在学研究生** | **序号** | **姓名** | **培养层次** | **入学时间** | | **预计毕业时间** | |
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| **申请理由和申请指标数** |  | | | | | | |
| **本人郑重承诺，上述情况和材料真实无误，若有虚假，愿承担相关责任。**  **申请人签字：**  **年 月 日** | | | | | | | |
| **学位委员会审批意见：**    **（公章）**  **年 月 日** | | | | | | | |