附件3

2023年长三角地区骨干教师交流研修和访问学者计划推荐人选

汇总表

推荐单位（盖章）： 联系人： 联系电话： 填报时间：

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 序号 | 姓名 | 性别 | 出生年月 | 市（县、区） | 工作单位及职务 | 所属学段 | 任教学科或专业 | 专业技术职务 | 移动电话 | 邮箱 | 个人简介（不超过200字） |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |