附件2：

**巢湖学院教学督导遴选推荐表**

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| 序号 | 姓名 | 出生年月 | 职称 | 专业 | 学历 | 学位 | 联系电话 | 校级/院级 |
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**教学单位签章：**

**年 月 日**