**江苏省高等学校教师培训汇总表**

培训项目名称： 承担培训单位： （盖章）

培训时间：从 年 月 日到 年 月 日，共 天 。

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| 序号 | 姓 名 | 所在学校 | 职 称 | 最高学历 | 培训考核结果  | 备 注 |
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