**附件3**

**“西部之光”访问学者推荐人选汇总表**

填报单位（盖章）： 联系人： 联系方式：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 序号 | 姓名 | 性别 | 出生年月 | 民族 | 政治面貌 | 学历 | 学位 | 从事专业 | 专业技术职务 | 工作单位及职务 | 拟研修专业及具体方向 | 拟研修单位名称及导师姓名 | 是否省级学术技术带头人 | 有效联系方式 | 备注 |
| **1** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |