附件2

焦作大学“双师型”教师资格认定汇总表

单位（盖章）: 年   月   日 填表人： 部门负责人签字：

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| 姓  名 | 性别 | 学历 | 学位 | 现专业技术职务 | 所学专业 | 具备资格条件 | 备注 |
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