附件1：

滁州学院外聘兼职教师拟聘人选一览表

二级学院（盖章）： 主要负责人签字： 填表日期： 年 月 日

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| **序号** | **姓名** | **性别** | **出生年月** | **身份证号** | **学历学位** | **所学专业** | **原工作单位** | **单位类别** | **职称**  **/职务** | **计划**  **受聘类型** | **计划承担工作任务** | **计划聘期起止时间（3年）** | **需求说明** | **是否为续聘** |
|  |  |  |  |  |  |  |  |  |  |  |  | 2025.07-  2028.06 |  |  |
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