附件2

中华女子学院专业学位硕士生导师招生资格审核表

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| 姓名 | | |  | | | 性别 | | | |  | | | | 出生年月 | | | |  | | |
| 职称 | | |  | | | 学历 | | | |  | | | | 学位 | | | |  | | |
| 招生专业 | | | |  | | | | | | | 领域 | | | |  | | | | | |
| 近三年所指导研究生情况（ 年 月— 年 月） | | | | | | | | | | | | | | | | | | | | |
| 因检测没通过延期送审人数 | | | | | | |  | | | 因盲审没通过延期答辩人数 | | | | | | | | |  | |
| 因答辩没通过延期毕业人数 | | | | | | |  | | | | | | | | | | | | | |
| 持何种职业资格证书 | | | | | |  | | | | | | | | | | | | | | |
| **近三年主持或参与课题情况**（ 年 月— 年 月） | | | | | | | | | | | | | | | | | | | | |
| 序号 | 项目名称 | | | | 项目来源 | | | | | 起讫  时间 | | | 项目经费  （万元） | | | | 本人可支配经费（万元） | | | 本人排名次序 |
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| **近三年取得与所申请专业学位相关的成果**（ 年 月— 年 月） | | | | | | | | | | | | | | | | | | | | |
| 论文 | | 论文名称 | | | | | | 发表时间 | | 发表刊物、会议名称 | | | | | | 论文级别  或索引情况 | | | 本人署  名次序 | |
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| 著作教材 | | 著作/教材名称 | | | | | | | 出版时间 | | | 出版单位 | | | | | | | 本人署  名次序 | |
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| 获奖 | | 成果名称 | | | | | 获奖名称 | | | | 获奖  时间 | | | | | 获奖等级 | | | 本人署名次序 | |
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| 其他成果 | |  | | | | | | | | | | | | | | | | | | |
| 院系审核意见：  负责人签名（公章）：    年月日 | | | | | | | | | | | | | | | | | | | | |
| 研究生处审核意见：  负责人签名（公章）：  年月日 | | | | | | | | | | | | | | | | | | | | |

备注：**此表正反面打印，一式两份，**一份研究生处留存，一份导师所在院系留存。