附件2

2015年高中教师自主选学与信息能力提升远程培训项目推荐对象信息一览表

市区（公章）： 填报人及联系电话： 填报日期：

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| **地市** | **县(区)** | **姓名** | **性别** | **民族** | **身份证号（必填）** | **工作单位** | **职务** | **职称** | **所学专业** | **所教学科** | **学历** | **教龄** | **手机**  **（必填）** | **电子邮箱** | **QQ号码** |
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