**2021年XX学院审定通过的副博导名单（XX人）**

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| **序号** | **工号** | **姓名** | **拟担任副博导**  **一级学科/专业学位类别** | **手机号** | **电子邮箱** | **学院批准日期** |
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|  | 学院教授委员会主任签字：  学院主要负责人签字： | | | | |  | |
|  | |  | 学院盖章： | |  | |
|  | |  | | 日 期： |  | |