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| **2020年XX学院审定通过的硕士生导师名单（XX人）** | | | | | | | | | |
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| **序号** | **所在学院或部门** | **招生专业** | **研究方向** | **姓名** | **工号** | **出生年月** | **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： |  |  |
|  |  |  |  |  |  |  | 学院盖章： |  |  |
|  |  |  |  |  |  |  | 日期： |  |  |