附件2

西北农林科技大学中青年教师实践能力锻炼考核汇总表

学院（部）名称： （盖章） 填表时间： 年 月 日

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| **序号** | **姓名** | **工号** | **驻点实践锻炼单位** | **实践锻炼岗位类型** | **实践锻炼起止时间** | **锻炼天数** | **考核结果** | **备注** |
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