**附件2：专家推荐汇总表**

**推荐单位名称：**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名** | **性别** | **年龄** | **职称** | **职务** | **最后学位** | **指导专业方向** | **手机号码** | **电子邮箱** |
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| **推荐意见：**      **院长签字： 推荐单位公章**  **填表日期： 年 月 日** | | | | | | | | |