**广州体育学院**

**申请硕士研究生导师单位意见审核表**

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| 姓 名 |  | 性别 |  | 出生年月 |  | 民族 |  |
| 政治面貌 |  | 专业技术职称 |  | 定职时间 |  |
| 现任职务 |  | 健康状况 |  | 外语程度 |  |
| 研究方向 |  | 所在单位 |  |

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| **所在单位党组织对申请人政治审查意见：****所在单位党组织（盖章）****年 月 日** |
| **所在单位人事部门意见：****所在单位人事部门（盖章）****年 月 日** |