**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 |  | | | |
| **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** |