附件2

**学院博士后合作导师资格申请汇总表**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **序号** | **姓名** | **性别** | **年龄** | **学历** | **学位** | **职称** | **所属学科** | **研究方向** | **招收博士后研究方向** | **联系电话** | **电子邮箱** |
| 1 |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |