附件6

高等学校教师资格专家审查委员会组成人员基本情况表

（请将电子版发送至邮箱601668642@qq.com）

单位代码： 高校名称： （填报单位盖章）

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| **委员会内职务** | **姓 名** | **性别** | **年龄** | **工作单位及部门** | **从事教育专业** | **职务(职称)** | **手机** |
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