附件3

山东省政府公派出国留学项目申请人员汇总表（一）

部门名称（公章）： 部门负责人签字： 联系人: 联系电话：

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **序号** | **姓 名** | **性****别** | **工作单位及部门** | **出生年月日** | **职务职称** | **申请留学****时限（月）** | **备 注** |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |

注：本表打印、加盖部门公章及负责人签字后上报，并报电子版。