附件3

西北农林科技大学教师驻点实践单位信息汇总表

学院（系、部、所）名称： （盖章） 填表时间： 年 月 日

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| **序号** | **驻点实践单位名称** | **实践锻炼岗位类型** | **实践锻炼岗位要求** | **接受**  **人数/年** | **锻炼起止**  **时间/年** | **单位地址** | **负责人** | **联系电话** |
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